JORDAN VALLEY
COMMUNITY HEALTH CENTER

Tyto Virtual Visit Authorization for Consent to Treat

School your child attends: _____

Child's Name: _____   **Date of Birth**: ___/___/___

I, _____, the _____ of the minor child listed above, give permission to Jordan Valley Community Health Center School-Based Clinic to examine and treat my child via TYTO by a licensed Jordan Valley Community Health provider while at school. I understand that a TYTO is a telehealth visit done through a two-way video call.

I give permission for a trained Community Health Worker (CHW) to facilitate the visit and have access to protected health information and to remain in the room to help aid with the visit. I understand the provider will be able to hear and see my child through the screen as well as using special attachments on the device to perform a full assessment of my child. I understand if a provider orders it, a trained CHW will be able to perform a strep swab during the visit. I authorize the school, and Jordan Valley Health Center to share pertinent information about the child to provide the best care possible.

I understand that my insurance will be billed, but I will not receive a bill for any remaining balance after my insurance pays.

I understand that this consent to treat will be valid for the entire current school year and that I will be notified prior to each individual TYTO visit involving my child. I understand that I have the right to revoke my signature at any time by providing a written notice to the CHW at the school named above.

MEDICAL HISTORY

Child's Primary Doctor: _____   **Last Visit Date:** ____/____/____

Preferred Pharmacy: _____ **Phone #:** (____)_____

Child's Current Medications/Dosage: _____
Allergies: _____
Surgeries: _____

Chronic Medical Problems: _____
_____

INSURANCE

Child Covered by Medicaid: YES/NO   **Medicaid #:** _____

Child Covered by other Insurance: YES/NO Policy #_____Group #_____

Name of Insurance: _____

Parent/Guardian Signature: _____ **Date:** ____/____/_____

   Printed Name: _____ **Date of Birth**___/___/___ **Relationship:** _____

   Phone Number: (___)_____ **Address:** _____