(HEALTH CENTER LOGO AND INFORMATION)

Welcome to HEALTH CENTER NAME,

The HEALTH CENTER NAME has received a grant which allows us to bring state-of-the-art healthcare to XXX School through the use of telehealth technology.

We are very excited to introduce our new telehealth clinic, and we are honored to be providing care for your child. We realize that with all new things, there also come questions. We have done our best to summarize the process below, and we are always here if you want to know more!

**How it works:**

1. The nurse will provide a physical assessment of your child at the school clinic and document the reason for the visit.
2. If needed and medically appropriate, your child will link to a OFFICE NAME physician or nurse practitioner via a medically secure web-cam and computer interface. The school clinic has special equipment that links to the PEDS OFFICE/SBHC so that the provider can see and hear what the nurse sees and hears. We also have a high resolution camera for assessing issues like skin conditions.
3. All images, along with a summary of the visit, can be saved to your child’s medical file for future reference and/or sent to your primary medical provider if you do not use the OFFICE NAME.
4. If prescriptions are needed, we are able to send them to your pharmacy of choice and notify you of the need to pick them up.
5. Your insurance will be billed for the exam just as if your child went to the doctor’s office. If your child does not have insurance, we will assist you in enrolling in one that works for you. No one will be denied healthcare due to the inability to pay.

**To get started, all you have to do is complete the enclosed enrollment packet.**

This allows us to have access to your child’s health history just as any doctor’s office would. If you wish to be called before treatment, or wish to be present during an exam, we will be happy to accommodate you, in most cases.

I hope this gives you a better idea of how we will be providing healthcare to your child. Please be sure to fully complete and return the enrollment packet to ensure your child will be seen whenever they may need care. If you have any questions, please feel free to call us at the number below.

Sincerely,

(SIGNATURE)

NAME, CREDENTIALS

TITLE

PHONE