

EM-23XXX Information Security Instructions and Scheduling Requirements for Telehealth Consultative Examinations

When contacting the claimant (parent of a minor child or legal guardian) by telephone, DDS or OHO will:

- Verify the individual's identity consistent with existing policy for disclosure and identity (DI 39567.210 and GN 00203.020),
- Advise the individual that personal information will be collected during this telephone call, and
- Confirm the individual is in a private location in which no one can overhear the conversation.

After confirming the individual's identity, read aloud the following script, which provides required information for the claimant (parent of a minor child or legal guardian) to determine their willingness to participate in a THCE, and solicits the agreement/consent needed to proceed with scheduling the THCE. Pause as needed to respond to any questions the individual may ask.

Agreement Call Script

<Claimant, Parent of Minor Child, or Legal Guardian Name>

- *I am contacting you because we need more medical information for your (name of claimant's) disability claim with the Social Security Administration (SSA). We are asking you (name of claimant) to attend a <mental or speech and language> consultative examination so that we can obtain that information. You (name of claimant) have the option to attend a telehealth consultative examination, and I would like to discuss that option with you. A telehealth consultative examination is conducted over the internet using video technology that allows you (name of claimant) and the provider to see and talk with each other.*
- *Before we proceed, the Social Security Act allows us to collect the information you provide, which we will use to schedule the consultative examination. Providing this information is voluntary, but not providing such will result in scheduling you for an in-person examination instead of a telehealth examination. As law permits, we may disclose your information per routine uses within System of Records Notice(s) 60-0044 and 60-0320, available at www.ssa.gov/privacy. Your information may also be used it in computer matching programs to establish or verify eligibility for Federal benefit programs and to recoup debts under these programs. You may locate the full Privacy Act statement on the Telehealth Consultative Examination Agreement Form at (add webpage).*

If the claimant does not have internet access or requests a copy of the Privacy Act statement, send the full Privacy Act statement by letter.

- *As I mentioned before, you (name of claimant) have the option to attend a telehealth consultative examination. A telehealth consultative examination allows you (name of claimant) to attend the appointment from your (name of claimant's) home or other private location.*
- *Would you be willing to consider a telehealth rather than an in-person examination?*

**If the claimant is not willing to consider a THCE, stop.
Schedule an in-person CE.**

- *To attend a telehealth consultative examination, [you/name of claimant] will need to have three things:*
 - *A private, indoor, quiet location where you (they) can attend the examination.*
 - *A reliable internet connection you (they) can use for the examination.*
 - *A device with a camera and microphone, such as:*
 - *A smartphone (delete smartphone if a speech and language examination),*
 - *A tablet (with a diagonal screen display of at least 9.7 inches if a speech and language examination),*
 - *A laptop, or*
 - *A desktop computer.*
- *Do you (Does [name of claimant] have access to these three things?*
- *You may also need to have an email address and access to email because some of the appointment information may be sent by email.*
- *If you do not want to attend (do not want [name of claimant] to attend) a telehealth consultative examination, we will schedule an examination in person.*

**If the claimant is not able to provide the needed location and IT, stop.
Schedule an in-person CE.**

- *Before you decide whether you agree to attend (have [name of claimant] attend) a telehealth consultative examination, we want to make sure you know that the information technology used for your (name of claimant's) exam will not be owned by SSA. Also, while the providers who perform consultative examinations for us are required to use online services that meet certain privacy and security requirements, there are privacy or security risks that may be associated with use of online services.*
- *If you agree to attend (have [name of claimant] attend) a telehealth consultative examination, we will tell you before the examination which video technology will be used for the examination. We will also provide instructions on how to access the technology. You (name of claimant) may be asked to agree to third-party terms and privacy policies of the video technology provider. Neither the State Disability Determination Services (DDS) nor SSA controls the terms of service or privacy policies of third-party video technology providers.*
- *You can decide not to attend (not to have [name of claimant] attend) a telehealth consultative examination at any time before the examination.*

**If the claimant wishes to opt out, stop.
Schedule an in-person CE.**

- *When attending a telehealth consultive examination, you (name of claimant) must present a valid, government-issued photo identification (ID) over the video connection. You (claimant name) may present ID documents, such as a United States (U.S.) State-issued driver's license, U.S. State-issued ID card, U.S. passport, U.S. military ID, or U.S. tribal ID. For a child who does not have a valid, government-issued photo ID, you may present an original government-issued non-photo ID document, such as a birth certificate, or a nongovernment-issued photo ID, such as a student ID.*
- *Do you understand the requirements for attending a telehealth consultative examination?*

TELEHEALTH CONSULTATIVE EXAMINATION AGREEMENT CALL SCRIPT

- *Do you agree to attend (have [name of claimant] attend) a telehealth consultative examination?*

**If the claimant does not agree, stop.
Schedule an in-person CE.**

- *If at any time before the examination you change your mind about attending (having [name of claimant] attend) a telehealth consultative examination, please call <XXX-XXX-XXXX> so that we can schedule an in-person examination. We will also include a telephone number in your appointment notice that you can use to contact us.*
- *What is the email address where you can receive information and instructions for the examination?*