

## TELEHEALTH CONSULTATIVE EXAMINATION AGREEMENT CALL SCRIPT – ADULT WITH LEGAL GUARDIAN

< Legal Guardian Name >

- *I am contacting you because we need more medical information for [name of claimant]'s disability claim with the Social Security Administration (SSA). We are asking [name of claimant] to attend a <mental or speech and language> consultative examination so that we can obtain that information. [Name of claimant] has 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 [name of claimant] and the provider to see and talk with each other.*
- *The Social Security Act allows us to collect this information, which we will use to schedule the consultative examination. Providing this information is voluntary, but not providing such will result in scheduling an in-person examination. As law permits, we may disclose this information per routine uses in System of Records Notice(s) (SORN) 60-0044 and 60-0320. We may also use it in computer matching programs to establish or verify eligibility for Federal benefit programs and to recoup debts under these programs. This Privacy Act statement and all SORNs are available at [www.ssa.gov/privacy](http://www.ssa.gov/privacy).*

**If the legal guardian 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, [name of claimant] has the option to attend a telehealth consultative examination. A telehealth consultative examination allows [name of claimant] to attend the appointment from their home or other private location.*
- *Would you be willing to consider a telehealth rather than an in-person examination?*

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

- *To attend a telehealth consultative examination, [name of claimant] will need to have three things:*
  - *A private, indoor, quiet location where they can attend the examination;*
  - *A reliable internet connection they can use for the examination; and*
  - *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.*
- *Does [name of claimant] have access to these three things?*

## TELEHEALTH CONSULTATIVE EXAMINATION AGREEMENT CALL SCRIPT – ADULT WITH LEGAL GUARDIAN

- *You may also need to have an email address and access to email because you may receive some of the appointment information by email.*
- *If you do not want [name of claimant] to attend a telehealth consultative examination, we will schedule an examination in person.*

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

- *Before you decide whether you agree to have [name of claimant] attend a telehealth consultative examination, we want to make sure you know that the information technology used for [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 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 may be asked to agree to third-party terms and privacy policies of the video technology provider. Neither this office nor SSA controls the terms of service or privacy policies of third-party video technology providers.*
- *You can decide not to have [name of claimant] attend a telehealth consultative examination at any time before the examination.*

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

- *When attending a telehealth consultive examination, [name of claimant] must present a valid, unexpired government-issued photo identification (ID) over the video connection. [Name of claimant] 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.*
- *Does [name of claimant] have a valid, unexpired government-issued photo ID?*
- *Do you understand the requirements for attending a telehealth consultative examination?*
- *Do you agree to have [name of claimant] attend a telehealth consultative examination?*

**If the legal guardian does not agree or claimant does not required ID, stop.  
Schedule an in-person CE.**

- *If at any time before the examination you change your mind about 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.*

**TELEHEALTH CONSULTATIVE EXAMINATION AGREEMENT CALL SCRIPT – ADULT  
WITH LEGAL GUARDIAN**

- *What is the email address where you can receive information and instructions for the examination?*