

Agency Letterhead

Date: _____

Case ID: _____

Addressee Name
Address Line 1
Address Line 2
City, State, ZIP Code

We are the office that makes disability decisions for the Social Security Administration (SSA). We are writing to you because we need more medical information about [name of claimant]'s condition(s). 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. A telehealth consultative examination is conducted over the internet using video technology that would allow [name of claimant] and the provider to see and talk with each other. A telehealth consultative examination would allow [name of claimant] to attend the appointment from [name of claimant]'s home or other private location.

What You Need to Attend

If [name of claimant] attends a telehealth consultative examination, [name of claimant] will need to use a smartphone, tablet, laptop, or desktop computer that has a camera, microphone, and reliable internet connection. (For a speech and language examination: [name of claimant] will need to use a laptop, desktop computer, or tablet with diagonal screen display of at least 9.7 inches that has a camera, microphone, and reliable internet connection.)

When attending a telehealth consultative 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.

What You Need to Know

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 [name of claimant]'s 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.

What You Need to Do Next

Complete the enclosed form(s) to tell us **how you would like to proceed with the consultative exam by [current_date+10]**. Please use black or blue ink and return the form.

How to Return The Form

You may use the enclosed return envelope or fax your completed form to us at <admin DMA fax number>. Please note the return address may be to a scanning center who works with us. **The completed form must include the barcode page on top of the form.**

If You Decide to Attend In Person

If you do not want [name of claimant] to attend a telehealth consultative examination, we will schedule a consultative examination in person. You can decide not to have [name of claimant] attend a telehealth examination at any time before the examination. If you agree to have [name of claimant] attend a telehealth consultative examination and then you change your mind, please call us at the number(s) shown below Monday-Friday between [local_office_open] and [local_office_close] 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.

If You Have Any Questions

If you have any questions about the examination or completing this form, please call us at the number(s) shown below Monday-Friday between [local_office_open] and [local_office_close]. When you call or leave a message, please provide the Case ID: [case_id], your name, [name of claimant]'s name, and a call back number.

Thank you for your help,

[Standard Signature Block]

**PLEASE COMPLETE AND RETURN
TELEHEALTH CONSULTATIVE EXAMINATION AGREEMENT FORM**

1. Do you agree to have [name of claimant] attend a telehealth consultative examination voluntarily?

- Yes**
 No (If you select “No,” we will schedule an in-person consultative examination)

2. If you agree to have [name of claimant] attend a telehealth consultative examination, does [name of claimant] have the following:

A. Access to a private, indoor, quiet location where [name of claimant] can attend the examination?

- Yes** **No**

B. Access to a reliable internet connection [name of claimant] could use for the examination?

- Yes** **No**

C. Access to a device with a camera and microphone, such as a smartphone, tablet, laptop, or desktop computer that [name of claimant] could use for the examination? (For speech and language examination: Access to a device with a camera and microphone, such as a tablet with diagonal screen display of at least 9.7 inches, laptop, or desktop computer that [name of claimant] could use for the examination?)

- Yes** **No**

D. Valid, unexpired government-issued photo ID that [name of claimant] could present at the examination.

- Yes** **No**

3. Do you understand that you may change your mind about having [name of claimant] attend a telehealth consultative examination at any time before the examination?

- Yes** **No**

By signing below, I am indicating that I have read and understand this form.

(Legal Guardian Signature)

(Date)

(Printed Name)

4. If you agree to have [name of claimant] attend, you may receive some of the appointment information by email. Please provide the email address where you wish to receive the appointment information:

Email Address

Privacy Act Statement Collection and Use of Personal Information

Sections 221 and 1633 of the Social Security Act, as amended, allow us to collect this information, which we will use to schedule a consultative examination either in person or by telehealth, depending on whether you agree to a telehealth examination. Providing this information is voluntary; not providing all or part of the information may delay, but will not negatively affect the determination we make on your claim for benefits. As law permits, we may use and share the information you submit, including with private medical and vocational consultants, other Federal agencies, contractors, and others, as outlined in the routine uses within System of Records Notice(s) 60-0044 and 60-0320, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs to establish or verify eligibility for Federal benefit programs and to recoup debts under these programs.

Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***