

AGENCY LETTERHEAD

Date: _____

Case ID: [Fill-in]

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

AGREEMENT TO PARTICIPATE IN A TELEHEALTH CONSULTATIVE EXAMINATION

IMPORTANT: Please complete, sign, date, and mail this form as soon as possible using the pre-addressed envelope provided.

Dear [First Name] [Last name],

We are contacting you because we need additional medical information for your (or your child or a person for whom you serve as a legal guardian's) disability claim with the Social Security Administration. We are requesting that you (or the person for whom you are acting) attend a consultative examination to help us make a decision on your (or his or her) claim.

Due to the COVID-19 national public health emergency, it is difficult to provide in-person consultative examinations. We are allowing some types of consultative examinations to be conducted by video technology instead of in person. A telehealth examination allows you (or the person for whom you are acting) to attend the appointment from your home or other private location using a camera-enabled device with a microphone, such as a smartphone, tablet, laptop, or desktop computer.

Before you agree to attend the telehealth consultative examination, we want to make sure you know that some of the video technologies currently used for these exams may not be secure, which could put your (or the person for whom you are acting's) personal information at risk by allowing unauthorized third parties to access personal information.

You (or the person for whom you are acting) are not required to attend the exam by video technology. You (or the person for whom you are acting) can wait to attend an in-person consultative examination. If you do not agree to attend a telehealth consultative examination, there may be a delay in processing your (or the person for whom you are acting's) claim.

We will notify you prior to the examination which video technology the examination provider will use and provide instructions on how to access the technology. You (or the person for whom you are acting) 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 the Social Security Administration control the terms of service or privacy policies of the third

party technology. You can opt out of a telehealth examination at any time if you have privacy concerns.

You (or the person for whom you are acting) must present a government-issued photo identification (ID) over the video connection. You (or the person for whom you are acting) can provide 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 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.

If at any time you change your mind about attending (or having the person for whom you are acting attend) a telehealth consultative examination, you may ask us to postpone the examination by calling the Disability Determination Service (DDS) at the number below. If you ask us to postpone the examination, there may be a delay in processing your (or the person for whom you are acting's) claim.

Please answer the questions below about how you would like to proceed with your consultative exam:

1. While we cannot guarantee complete privacy for these exams, are you willing to participate (or have the person for whom you are acting participate) in a consultative examination voluntarily using video technology?

- Yes
- No (Request an examination in person)

2. Do you acknowledge and accept that there may be a privacy risk to your (or the person for whom you are acting's) personal information if you (or the person for whom you are acting) attend a consultative exam using video technology?

- Yes
- No

3. Do you understand that you may change your mind at any time about attending (or having the person for whom you are acting attend) a consultative examination using video technology, and that doing so may delay, but will not otherwise affect our decision on your (or the person for whom you are acting's) claim?

- Yes
- No

If you agreed above to participate (or have the person for whom you are acting participate) in a telehealth consultative examination, the State DDS will inform you which video technology the examination provider will use for your examination and will include instructions for how to use the video technology.

As noted above, if you become concerned about using the video technology that the State DDS chooses for your examination, you may ask to postpone the examination by calling the telephone number listed below. If you ask to postpone the examination, there may be a delay until we can reschedule the examination in-person or using technology you agree to, or until we receive adequate evidence to make a decision.

By signing below, I am indicating that I have read and understand the consent above and agree to participate in a telehealth consultative examination.

(Claimant/Parent or Legal Guardian Signature)

(Date)

(Printed Name)

If the examination is for a claimant who is a child age 12 or older, he or she must also agree to participate in the examination.

(Child's Signature)

(Date)

(Printed Name)

4. If you agreed above to participate (or have the person for whom you are acting participate), the examination appointment may be sent by email.

Email Address

If you do not return this form by MM/DD/YYYY, we may make a decision on your (or the person for whom you are acting's) claim based on the information we already have. This means that we may find that you (or the person for whom you are acting) are not disabled or that your (or the person for whom you are acting's) disability has ended if you (or the person for whom you are acting) are already getting benefits.

If you have any questions about this letter or need to contact us, call Monday through Friday between 8:00 a.m. and 4:00 p.m. at the phone number below.

Thank you,

(DDS Signature Information) _____
DDS PHONE NUMBER Fill-in
DDS TTY/TRS Fill-in

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. Furnishing us this information is voluntary. However, failing to provide all or part of the information may delay, but will not negatively affect the determination we make on your claim for benefits.

We will use the information you provide to acknowledge your willingness to participate in and schedule the telehealth consultative examination. We may also share the information for the following purposes, called routine uses:

- To private medical and vocational consultants, for use in preparing for, or evaluating the results of, consultative medical examinations or vocational assessments which they were engaged to perform by SSA or a State agency, in accordance with sections 221 or 1633 of the Social Security Act; and
- To contractors and other Federal agencies, as necessary, for the purpose of assisting SSA in the efficient administration of its programs. We disclose information under this routine use only in situations in which we may enter into a contractual or similar agreement with a third party to assist in accomplishing an agency function relating to this system of records.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0044, entitled National Disability Determination Services (NDDS) File, as published in the Federal Register (FR) on January 11, 2006, at 71 FR 1810; and 60-0320, entitled Electronic Disability Claim File, as published in the FR on June 4, 2020, at 85 FR 34477. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.

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.***