

**THE AUTISM TELEMEDICINE COMPANY**  
**INFORMED CONSENT FOR PEDS Test Online (with MCHAT-R):**

PATIENT NAME: \_\_\_\_\_  
PARENT'S/GUARDIAN'S NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
DATE CONSENT DISCUSSED: \_\_\_\_\_

The **PEDS (Parents Evaluation of Developmental Status (PEDS))** (©Frances Page Glascoe, PEDStest.com, LLC, 2013), is an initial developmental screening test to help you determine whether your child needs any further evaluation or management. It is administered to children birth to 8 years of age. Every child must be evaluated for their development by their healthcare provider at every visit.

It is an evidence-based screen that elicits and addresses parents concerns about children's language, motor, self-help, early academic skills, behavior and social-emotional/mental health.

It can be used from birth to 8 years of age (7 years-11 months, and according to the author (©Frances Page Glascoe, PEDStest.com, LLC, 2013), has high sensitivity and identifies 74% to 80% of children with developmental and social-emotional/mental health disabilities—in keeping with standards for developmental screening tests and commensurate with the accuracy of measures that take much longer to administer. It also has a high specificity. 70% to 80% of children without developmental disabilities are identified as typically developing - also in keeping with standards for screening tests.

It has been validated and found reliable on more than 4500 children across the US in various settings: pediatric offices, outpatient clinics, day care centers, and schools. It has been standardized on 47,000 families from various backgrounds, including levels of socioeconomic status, language backgrounds, and varying ethnicities.

Your healthcare provider may use this or a similar tool. Additionally, developmental screening helps with the early detection of developmental problems. It is strongly recommended by the American Academy of Pediatrics. This screening tool is not diagnostic of any specific disorder or diagnosis.

Please click [here](#) to read the scientific information about this tool and the MCHAT-R that is also offered to you at no additional cost if your child is between the ages of 16 months and 4 years.

**PEDS: Developmental Milestones (PEDS:DM©)**

The PEDS:DM (©Frances Page Glascoe, PEDStest.com, LLC, 2013), is a brief, reliable accurate indicator of children's skills across all developmental domains and is used for children 0 through 7 - 11 years, with additional measures for older children and adolescents. Each item taps a different developmental domain: expressive language,

receptive language, fine motor, gross motor, social-emotional, self-help, academics in both reading and math (older children). It is highly accurate: sensitivity and specificity range from 70% to 95% across domains and across age levels.

**M-CHAT-R (copyright © 2009 Diana Robins, Deborah Fein, & Marianne Barton)** The Modified Checklist for Autism in Toddlers, Revised (M-CHAT-R; Robins, Fein, & Barton, 2009) is a parent-report screening tool to assess risk for Autism Spectrum Disorder (ASD). The M-CHAT-R is an autism screening tool designed to identify children **16 to 30** months of age who should receive a more thorough assessment for possible early signs of autism spectrum disorder (ASD) or developmental delay.

The American Academy of Pediatrics (AAP) recommends that all children receive autism-specific screening at 18 and 24 months of age, in addition to broad developmental screening at 9, 18, and 24 months. The M-CHAT-R, one of the AAP recommended tools, can be administered at these well-child visits.

**Possible Benefits:**

The PEDS and PEDS:DM serves as developmental screening tests for children younger than age 8 years. The Modified Checklist for Autism in Toddlers, Revised (M-CHAT-R; Robins, Fein, & Barton, 2009) is a parent-report screening tool to assess risk for Autism Spectrum Disorder (ASD). The result of these screenings, upon consultation with your child's physician, psychologist, or other appropriately qualified and licensed provider, and in conjunction with other tests, examinations, and assessments will be part of the diagnostic and evaluation process.

**Possible Risks:**

As with any medical screening procedure, there are potential risks and cautions associated with the use of this screening instrument. These risks include, but may not be limited to:

- The results and scores of the PEDS, PEDS:DM, and MCHAT® instruments depend upon the responses entered by the informant and therefore reflect the accuracy of these responses as well as the informant's understanding of the questions.
- The use of these instruments along should never be used to make a diagnosis of any disorder and/or therapeutic decisions. The instruments are screening tests and must be followed up by further consultation and testing with the child's licensed qualified provider(s).
- I understand that there are risks and consequences from telemedicine, including, but not limited to, the possibility, despite reasonable efforts on the part of my provider, that: the transmission of my child's medical information could be disrupted or distorted by technical failures; the transmission of my child's medical information could be interrupted by unauthorized persons; and/or the electronic storage of my child's medical information could be accessed by unauthorized persons.

**By signing this form, I understand the following:**

- I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine, and that no information obtained in the use of telemedicine which identifies my child, or other minor of I have guardianship, or other minor relative I am authorized to seek healthcare services for, or myself will be disclosed to researchers or other entities without my consent.
- As such, I understand that the information disclosed by me during the course of my screening, diagnosis and/or therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding.
- I understand that I have the right to withhold or withdraw my consent to the use of the PEDS, PEDS:DM, and MCHAT® tests at any time.

**Patient/Parent Consent To PEDS, PEDS:DM, and MCHAT® screening:**

I have read and understand the information provided above regarding the PEDS, PEDS:DM, and MCHAT®, have discussed it with my provider or such assistants as may be designated, and all of my questions have been answered to my satisfaction.

I hereby give my informed consent for the use of the PEDS, PEDS:DM, and MCHAT® screens on my child and will follow up with my child's regular physician for further interpretation and management.

I also understand and agree that the use of these screening instruments is not intended to and does not constitute medical advice and does not replace any diagnostic examination, evaluation, and management provided to yourself, your child, or dependent by a licensed physician, psychologist, or other healthcare professional in your jurisdiction (see also terms of service at [www.autismtelemed.org](http://www.autismtelemed.org)).

I also agree that the use of these instruments means that I have consented to its use. It also means that I agree with the terms of service and disclaimer at [www.autismtelemed.org](http://www.autismtelemed.org).

Signature of Patient (or person authorized to sign for patient):

\_\_\_\_\_  
Date: \_\_\_\_\_

If authorized signer, relationship to patient:

\_\_\_\_\_  
Witness: \_\_\_\_\_

Date: I have been offered a copy of this consent form (parent, guardian, or patient's initials) \_\_\_\_\_