

New York State Early Intervention Program Consent for the Use of Telehealth



Department
of Health

Bureau of
Early Intervention

Child's Name _____

Early Intervention Number _____ Date of Birth _____ / _____ / _____

Address _____ Apt. Number _____

City/Town _____ State New York ZIP _____

Municipality _____

Services to Be Delivered Using Telehealth _____

Service Authorization Number _____

Name of Therapist/Teacher _____ Phone _____

Service Provider Agency _____ Phone _____

Service Coordinator _____ Phone _____

Service Coordinator Agency _____ Phone _____

Instructions: This consent form, for the use of telehealth as an early intervention service delivery method, must be completed for each service type authorized for the child including evaluation services **before** telehealth services can be initiated. Telehealth is an early intervention service delivery method available to participant families with their express consent.

This consent form for the use of telehealth can be returned by email after the parent/legal guardian also signs and returns the Parental Consent to Use E-mail to Exchange Personally Identifiable Information Form, available here: https://www.health.ny.gov/community/infants_children/early_intervention/memoranda/docs/early_intervention_parent_consent_to_use_email.pdf

The consent form for the use of telehealth must be kept in the child's record. A separate consent form is required for **each** early intervention service.

I, (Parent/Legal Guardian's Full Name) _____, consent to have my child's

(Enter Service Type) _____ service delivered using telehealth as an early intervention service delivery method. I understand that the telehealth services that my child will be receiving will fulfill the service mandate in my child's Individualized Family Service Plan (IFSP) and are not being delivered in addition to the home/community-based services that my child is authorized to receive.

I understand that telehealth means that early intervention services will be delivered using **audio and video** at the same time for the duration of the session.

I understand that I am entitled to access all early intervention information resulting from provider sessions in the form of Session Notes and Progress Notes on request to my child's service coordinator.

I have received a copy of "Your Family Rights in the Early Intervention Program."

I understand that I have the right to withdraw this consent in writing at any time, for any reason. In the event that I do withdraw consent in writing, my child's service coordinator will be expected to refrain from scheduling new telehealth sessions for the service listed above, within 7 days of receipt of my notice.

Parent/Legal Guardian Name (Print) _____

Parent/Legal Guardian Signature _____ Date _____

Please note: If the fillable Telehealth Consent Form includes a Parent/Guardian's electronic signature for consent to participate in telehealth, **that signature must also include an electronic signature validation marker (available through applications like Adobe Acrobat, DocuSign, etc.) that includes the signature date and time on the form.** If that safeguard is not available, the Telehealth Consent Form must be printed to allow the parent/legal guardian to sign for consent on the paper copy.