



# First Connections Remote Services Consent Form for Tele-Intervention

## Family Consent for Tele-Intervention (Remote EI):

My signature below documents my informed consent to receive tele-intervention services (check boxes).

- I understand that for a limited period of time, my early intervention services will be provided remotely via tele-intervention (video and audio meeting) to protect my family and the EI professionals.
- I understand that I or another adult whom I designate must be present and participate in the virtual visit with my child and my child's therapist for each session.
- I understand that tele-intervention sessions are limited to one hour per week (per service listed on my child's current IFSP) and that when face to face visits resume, my services will return to their normal levels (frequency, duration of therapy).
- I understand that I can revoke this consent at any time and all future tele-intervention sessions will be cancelled.
- I understand that if I choose to invite other people to join into our tele-intervention session, I may do so and will list those individuals below.

Typed/Printed Name of Child: \_\_\_\_\_

Typed/Printed Name of Parent/Guardian: \_\_\_\_\_

Parent e-Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*by typing and/or e-signing, I certify that I am granting permission to receive current services via teletherapy*

Other individuals I grant consent to join in our tele-intervention (remote) sessions to participate:

Individual	Phone number/contact information

-----parent only completes this portion to revoke/withdraw consent for tele-intervention/remote services-----

I revoke my consent:

Typed/Printed Parent Name: \_\_\_\_\_

Signature or e-Signature: \_\_\_\_\_

-----the section below is to be completed by therapy provider program or SC-----

Provider Program:	Proposed Service Start Date:	
Service(s) Provided (on the current IFSP): <input type="checkbox"/> DT <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> SLP	Child has Medicaid? <input type="checkbox"/> yes <input type="checkbox"/> no	
Name of Service Coordinator:		
Reason: Declared State of Emergency		

This form must be saved under the name TeletherapyConsent\_\_\_\_\_ (child's first initial, last name) and present in the case notes of the child's electronic record in CDS in order to provide services on a current IFSP via tele-intervention.