

Consent for the Use of Tele-Intervention Visits

Child Information		
Name of child	Child ID	Date of birth
Street address	City	Zip code
Early Intervention Service Type		
This consent is to be used for one (1) service type. Please complete additional consents for each service type.		
<input type="checkbox"/> Service Coordination <input type="checkbox"/> Evaluation and Assessment <input type="checkbox"/> Ongoing IFSP Service(s)		
Acknowledgement and Statement of Consent		
<p>I understand that my child and family may receive early intervention (EI) services through tele-intervention visits. I also understand that federal and state laws require I consent to the following:</p> <ol style="list-style-type: none"> 1. I consent to the delivery of EI services by tele-intervention visits over a computer, tablet, or smart phone between Baby Watch EI professionals and my family/child. I understand that the availability of tele-intervention visits will depend on the type of technology, devices, or system requirements used. 2. I understand that EI professionals will have the same licensure/certification and apply the same standard of care as EI professionals during an in-person visit. 3. I understand that not all EI professionals are able to provide tele-intervention visits due to licensure/practice act restrictions. 4. I will have access to all EI records and information resulting from the sessions conducted through tele-intervention visits as I would during in person visits, and as provided for by law. 5. As with any internet-based communication, I understand that risks include the possibility of technological problems, which may result in poor quality or disconnection from the tele-intervention visit, as well as a security breach without the appropriate protections. To help mitigate security risks, it is recommended I take steps to protect my personal device and data including using a secure Wi-Fi network with password and using a videoconferencing platform with end-to-end encryption to participate in tele-intervention visits. 6. I understand that Baby Watch Early Intervention is not responsible for my device security and acknowledge and knowingly accept the risks of accessing service(s) via virtual technology. 7. I understand that, in addition to the EI professional, other individuals may be involved in the tele-intervention visit to operate or repair the video or audio equipment. If this occurs, these individuals must be identified to all parties in the visit and must adhere to the same privacy policies as the EI professional. 8. I understand that I am responsible for the cost of technology associated with receiving EI services through tele-intervention visits (e.g. data/internet plans, personal device) 9. I understand that the use of tele-intervention visits is only allowable at this time due to COVID-19, and are not a permanent service delivery option. This temporary policy will be in effect until Utah's public health emergency is lifted. 		
Signature of parent/guardian/caregiver		Date
Verbal Consent		
If consent for the use of virtual early intervention is obtained verbally, documentation of consent must be included in the child's EI record.		
<input type="checkbox"/> Consent was received via phone. Documentation of the conversation is included in the child's EI record		
<input type="checkbox"/> Consent was received via text message. A copy of the conversation is included in the child's EI record.		
<input type="checkbox"/> Consent was received vis email. A copy of the conversation is included in the child's EI record.		
Signature of EI professional		Date