

## **NYS EARLY INTERVENTION PROGRAM & PRE-SCHOOL RELATED SERVICES CONSENT FOR THE USE OF TELEHEALTH DURING DECLARED STATE OF EMERGENCY FOR COVID-19**

A consent form for the use of Telehealth as an Early Intervention or Pre-School Related service delivery method must be completed for each service type authorized for the child including evaluation services before telehealth services can be initiated. Telehealth as an Early Intervention or Pre-School Related service delivery method is only available during the declared state of emergency for COVID-19.

A consent form for the use of Telehealth can be returned by email if the parent/guardian also signs and returns the *Parental Consent to Use E-Mail to Exchange Personally Identifiable Information* Form.

The consent form for the use of Telehealth must be attached to the child's integrated case in NYEIS for Early Intervention Program. A separate consent form is required for each Early Intervention service.



### **Patient Privacy**

We use a HIPPA compliant application to facilitate Telehealth visits.



### **Your Device Choice**

Connect to Telehealth with your laptop or desktop with a camera and mic, your iPad/Tablet, or smart phone (Apple or Android)



# Consent Forms

<b>Child's Name:</b>	<b>DOB:</b>
<b>Guardian(s):</b>	
<b>Email Address:</b>	<b>Cell Phone:</b>

If you have any questions/concerns regarding this agreement please contact Michelle P. O'Brien, Director at Building Blocks, (315) 853-6090 Ext. 102

You have agreed to communicate personally identifiable information concerning your child's treatment by e-mail and/or text without the use of encryption. Sending personally identifiable information by e-mail and/or text has a number of risks that you should be aware of prior to giving your permission. These risks include, but are not limited to the following:

- E-mail/text can be forwarded and stored in electronic and paper format easily without prior knowledge of the present.
- E-mail/text senders can misaddress an email and personally identifiable information can be sent to incorrect recipients by mistake.
- E-mail/text sent without encryption is not secure and can be intercepted by unknown third parties.
- E-mail/text can be changed without the knowledge of the sender or receiver.
- Backup copies of e-mail/text may still exist even after the sender and receiver have deleted the messages.
- Employers and online service providers have a right to check e-mail/text sent through their systems.
- E-mail can contain harmful viruses and other programs.

### Parental Acknowledgement and Agreement

I acknowledge that I have read and understand the above items, which describe the inherent risks of using e-mail/text to communicate personally identifiable information. Nevertheless, I authorize my therapist to communicate with me via e-mail/text concerning my child's participation in this program including but not limited to:

- Communication regarding service delivery
- Questions/concerns
- His/Her progress in the program

I understand that the use of e-mail/text without encryption presents the risks noted above and may result in an unintended disclosure of such information.

In addition, I give my permission for members of my child's treatment team to communicate personally identifiable information concerning my child with each other using unencrypted e-mail/text. Team members who I give permission to use unencrypted e-mail to communicate with each other about my child include:

\_\_\_\_\_ (therapist) with the email \_\_\_\_\_@buildingblockscny.com

Please initial on each line to indicate permission:

\_\_\_\_\_ On-going service coordinator

\_\_\_\_\_ County EIOD

\_\_\_\_\_ Building Blocks office staff

\_\_\_\_\_ Child's school district CPSE office

Other: \_\_\_\_\_ with the e-mail address: \_\_\_\_\_

Other: \_\_\_\_\_ with the e-mail address: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Child's Name:</b>	<b>EI #:</b>	<b>DOB:</b>
<b>Address:</b>		<b>Apt#:</b>
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Service Type to be delivered using TeleHealth</b>	<b>NYEIS Serv. Auth. #:</b>	
<b>Therapist/Teacher Name:</b>	<b>Phone #:</b>	
<b>Service Provider Agency:</b>	<b>Phone #:</b>	
<b>Service Coordinator:</b>	<b>Phone #:</b>	
<b>Service Coordinator Agency:</b>	<b>Phone #:</b>	

I, (Parent/Guardian's Full Name) \_\_\_\_\_, consent to have my child's (enter service type) \_\_\_\_\_ service delivered using Telehealth as an Early Intervention or Pre-School Related service method. I understand that Telehealth services that my child will be receiving will fulfill the service mandate in my child's Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP) and are not being delivered in addition to the home/community-based services that my child is authorized to receive.

I understand that Telehealth as an Early Intervention or Preschool Related service delivery method is only available during the declared state of emergency for COVID-19 and that my child's services will be delivered using the method authorized in my Child's IFSP or IEP after the declared state of emergency is over.

I understand that Telehealth means that Early Intervention and Preschool Related services will be delivered using an audio and video at the same time for the duration of the session. Telehealth does not mean having a telephone call with my child's therapist/teacher.

I understand that I will have access to all Early Intervention and Preschool related information from the sessions conducted via Telehealth if the form session notes and progress notes if I request them from my child's Service Coordinator.

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

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date