

CHILD NAME		DATE OF BIRTH	CHILD ID
MAILING ADDRESS		CITY	ZIP CODE
<b>TELE-INTERVENTION SERVICE TYPE(S)</b>  <input type="checkbox"/> <b>Service Coordination</b> <input type="checkbox"/> <b>Evaluation and Assessment</b> <input type="checkbox"/> <b>Ongoing IFSP Services</b>  Please complete a separate form for each service type to be provided via tele-intervention.		<b>REMOTE CONSENT (IF PARENT IS UNABLE TO CONSENT IN PERSON)</b> <input type="checkbox"/> <b>Via phone call</b> <input type="checkbox"/> <b>Via text message</b> <input type="checkbox"/> <b>Via email message</b>  Please document the following details in the child's electronic EI record: <ul style="list-style-type: none"> <li>• Date and time of phone call, text message, or email</li> <li>• Parent/guardian's phone number or email address</li> <li>• Name of parent/guardian who gave consent</li> <li>• Name of employee who received the consent</li> </ul>	
<b>ACKNOWLEDGEMENT AND STATEMENT OF CONSENT</b>			
<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 that:</p> <ol style="list-style-type: none"> <li>1. I consent to the delivery of EI services by tele-intervention over a computer, tablet, or smart phone between EI professionals and my family/child. I understand that the availability of tele-intervention will depend on the type of technology, devices, or system requirements used.</li> <li>2. I understand that EI professionals providing tele-intervention will have the same licensure/certification and apply the same standard of care as EI professionals during an in-person visit.</li> <li>3. I understand that not all EI professionals are able to provide tele-intervention due to licensure restrictions.</li> <li>4. I have access to the same EI records from tele-intervention that I do for in-person visits, as provided for by law.</li> <li>5. As with any internet-based communication, I understand that risks include the possibility of technological problems such as: poor quality audio or video, session disconnection, as well as a security breach without the appropriate protections. To mitigate security risks, it is recommended I take steps to protect my personal device and data by using a password-protected Wi-Fi network and an encrypted videoconferencing platform.</li> <li>6. I understand that the Baby Watch Early Intervention Program is not responsible for my device security and acknowledge and knowingly accept the risks of accessing services via virtual technology.</li> <li>7. I understand that, in addition to the EI professional, other individuals may be involved in tele-intervention sessions to operate or troubleshoot the audio or video equipment. If this occurs, these individuals must be identified to all parties and must adhere to the same privacy policies as the EI professional.</li> <li>8. I understand that I am responsible for the cost of technology (e.g., home Internet and/or mobile device data plans, etc.) associated with receiving EI services through tele-intervention.</li> <li>9. I understand that tele-intervention is only allowable at this time due to COVID-19, and is not a permanent service delivery option. This temporary policy will be in effect until Utah's public health emergency is lifted.</li> </ol>			
PARENT/GUARDIAN NAME		PARENT/GUARDIAN SIGNATURE	DATE
EI PROGRAM REPRESENTATIVE NAME		EI PROGRAM REPRESENTATIVE SIGNATURE	DATE