|  |  |  |
| --- | --- | --- |
| **Child Information** | | |
| Name of child | ID# | DOB |
| Street address | City | Zip code |
| Phone | Email | |
| **EI Service(s) to be Delivered Virtually** (check all that apply) | | |
| Intake  Evaluation  IFSP services (if eligible) | | |
| **Acknowledgement and Statement of Consent** | | |
| I understand that my child and family may receive early intervention (EI) services through virtual visits. I also understand that federal and state laws require I consent to the following:   1. I consent to the delivery of EI services by virtual visits via (check all that apply)  telephone,  computer,  tablet, or  smart phone between Choose an item. EI professionals and my family/child. I understand that the method of service delivery will be agreed upon by myself and my EI provider. 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 all applicable confidentiality protections, as defined in the “Rhode Island Early Intervention Procedural Safeguards & Funding” brochure, shall apply to virtual visits. 4. I will have access to all EI records and information resulting from the sessions conducted through virtual visits as I would during in person visits, and as provided for by law.   **Following each virtual visit, I consent for applicable service documentation (e.g. Service Rendered Forms) to be shared with me via (check one):**  secured email  mail  text message  none   1. 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 virtual visit, as well as a security breach without the appropriate protections. I understand that, to help avoid security risks, it is recommended that I take steps to protect my personal device including using a secure Wi-Fi network with password and using a videoconferencing platform with end to end encryption to participate in virtual visits. 2. I understand that Choose an item. is not responsible for my device security and acknowledge and knowingly accept the risks of accessing service(s) via virtual technology. 3. In the case that there are difficulties, and another individual assists the EI professional by operating or adjusting the video equipment, I understand that any individual will be identified to all parties in the visit and must adhere to the same privacy policies as the EI professional. 4. I understand that I am responsible for the cost of technology associated with receiving EI services through virtual visits (e.g. data/internet plans, personal device.) 5. I understand that virtual visits are allowable at this time due to COVID-19 and may not be a permanent service delivery option. | | |
| Signature of parent/guardian | | Date |
| **Verbal / Electronic Consent**  If consent is obtained verbally/electronically, documentation of consent must be included in the child’s EI record. | | |
| Consent was received via phone or video. Documentation of the conversation is included in the child’s EI record | | |
| Consent was received via text message. A copy of the conversation is included in the child’s EI record. | | |
| Consent was received via email. A copy of the conversation is included in the child’s EI record. | | |
| Signature of EI professional | | Date |