



Phone:

Fax:



### Consent for the Use of Telehealth

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Local ID #: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Thank you for your interest in using telehealth as an early intervention service delivery method for you and your child. Texas HHSC ECI and Medicaid policy requires that consent be signed prior to the start of services delivered via telehealth. Please read the consent information below.

#### Parent(s)/Guardian Acknowledgment and Statement of Consent

I understand that my child and family may receive early intervention services via a telehealth method. I understand that Texas HHSC ECI requires that I consent to the following:

- I have the option to refuse the delivery of early intervention services via the telehealth method at any time without affecting my right to in-person services and without risking the loss or withdrawal of any Early Childhood Intervention (ECI) service to which my child and I would otherwise be entitled.
- All applicable confidentiality protections, as defined in the "Procedural Safeguards Related to Prior Written Notice and Consent" sheet and ECI Parent Handbook, shall apply to the services.
- I shall have access to all Early Childhood Intervention (ECI) information resulting from the sessions conducted via telehealth as provided by applicable law for parental access to my child's record.
- I understand that I can revoke consent to record visits at any time by notifying my Service Coordinator or by calling the ECI office. At that point, I will sign another form marking my decision.

#### Please mark Agree or Decline:

I give my consent for the use of the telehealth method for my ECI services.  Agree  Decline

I give ECI permission to video record service sessions, to be used as a tool, in order to observe my child's progress and provide feedback to improve services. I understand that identifying information will be kept confidential.  Agree  Decline

\_\_\_\_\_  
Parent/Guardian/Caregiver Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date