

**Indiana First Steps
Informed Consent for the Use of Virtual Early Intervention**



Child Information		
Name of child	Child ID #	Date of birth (mm/dd/yyyy)
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

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 over a computer, tablet, or smart phone between Indiana First Steps EI professionals and my family/child. I understand that the availability of virtual 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 virtual visits due to licensure/practice act restrictions.
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.
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 virtual 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 virtual visits.
6. I understand that Indiana First Steps 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 virtual 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 virtual visits (e.g. data/internet plans, personal device)
9. I understand that the use of virtual visits are 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 May 31, 2020, or when Indiana's public health emergency is lifted, whichever date is soonest.

Signature of parent/guardian/caregiver	Date (mm/dd/yyyy)
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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.

Consent was received via phone. 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 (mm/dd/yyyy)
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