



## Consent for the Use of Virtual Early Intervention

Thank you for your interest in using Virtual Early Intervention (EI) as a service delivery method for you and your child. The Idaho Infant Toddler Program (ITP) requires that consent be signed prior to the start of services delivered through virtual visits. Please read the consent information below.

### Parent(s)/Guardian 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 a Webex test run session using my personal device to ensure my connectivity, audio and visual technology meets the requirements to complete virtual EI visits.
2. I consent to the delivery of EI services by virtual visits over a computer, tablet, or smart phone between Department of Health and Welfare 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.
3. I understand that benefits of virtual EI may include reduced cancellations due to family member illness or bad weather, as well as increased comfort, convenience and flexibility for the family. I understand that virtual visits will be made over a secure connection and have the same level of confidentiality protections as in person visits as defined in the "Child and Family Safeguards in the Part C Early Intervention System" brochure. I also 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.
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 computer protections. To help mitigate security risks, it is recommended I take steps to protect my own computer system, such as installing anti-virus software and maintaining appropriate firewall protection. I should also use a secure Wi-Fi network with password. I understand that DHW is not responsible for my home computer security and acknowledge and knowingly accept the risks of accessing ITP service(s) via virtual technology. However, I believe that the potential benefits of virtual EI outweigh these risks.
6. 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 professionals.
7. I have been provided, reviewed, and understand the Virtual EI family flyer.
8. I understand I have the option to withhold or withdraw my consent to the use of virtual EI services at any time, and without risking the loss or withdrawal of any EI service to which my child and I would otherwise be entitled.

I give my consent for the Infant Toddler Program to provide virtual early intervention visits as a method of service delivery for my child and family.

Name of Parent/Caregiver: \_\_\_\_\_ Name of Child: \_\_\_\_\_

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

Received by -  
Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Parents are to receive a copy of this form. A signed copy shall be placed in the child's EI record. This consent is valid for twelve months from the date of parental signature.