



## Consent for Telehealth Educational and Related Services

**Families: Please complete the below form to provide permission for telehealth services in the event of a need for remote services.**

Child's Name:				D.O.B.		
Address:		City/Town		New York	Zip	
E-mail						
School District						
Service: Include Frequency	<input type="checkbox"/> Speech	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Physical Therapy	Other _____		
Agency/Program	Newmeadow Inc. – Clifton Park and Fort Edward					
Contact: Stacey Cornell, Director of Program Services Phone: 518-899-9235 Email: <a href="mailto:scornell@newmeadow.org">scornell@newmeadow.org</a>						

**Checklist:**

?	Parent/Guardian access to Wi-Fi connection with appropriate bandwidth
?	Parent/Guardian access to smartphone/tablet/computer with webcam and speakers
?	Parent/Guardian experience/training in video conferencing
?	Parent/Guardian must be present and participate for the entire duration of the session
?	Telepractice service received fulfills the service mandate in child's IEP
?	<b>Risk of electronic therapy: Storage of information can be stored and forwarded without parent permission.</b> <ul style="list-style-type: none"> <li>Electronic information over the Internet is not secure;</li> <li>Content can be changed without the knowledge of sender or receiver;</li> <li>Copies of information may continue to exist after they have been deleted; and</li> <li>E-mail can contain viruses</li> </ul>
?	Unintentional disclosure of personal information

I, \_\_\_\_\_, parent/guardian consent to have my child's educational and related services delivered via telepractice and to communicate electronically with regard to his program. I accept the inherent risks of an Internet based service delivery model. I understand that I will have access to all Preschool (CPSE) information resulting from the sessions conducted via the teletherapy method in the form of Session Notes if requested from the service provider.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

Return a signed copy of this form to: [porourke@newmeadow.org](mailto:porourke@newmeadow.org)  
 The original copy by mail to: Newmeadow  
 220 Broadway,  
 Fort Edward, NY 12828