



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
Agency/Program	Newmeadow Inc. – Clifton Park and Fort Edward		
Contact: Stacey Cornell, Director of Program Services Phone: 518-899-9235 Email: scornell@newmeadow.org			

Checklist:

<input type="checkbox"/>	Parent/Guardian access to Wi-Fi connection with appropriate bandwidth
<input type="checkbox"/>	Parent/Guardian access to smartphone/tablet/computer with webcam and speakers
<input type="checkbox"/>	Parent/Guardian experience/training in video conferencing
<input type="checkbox"/>	Parent/Guardian must be present and participate for the entire duration of the session
<input type="checkbox"/>	Telepractice service received fulfills the service mandate in child's IEP
<input type="checkbox"/>	Risk of electronic therapy: Storage of information can be stored and forwarded without parent permission. <ul style="list-style-type: none"> Electronic information over the Internet is not secure; Content can be changed without the knowledge of sender or receiver; Copies of information may continue to exist after they have been deleted; and E-mail can contain viruses
<input type="checkbox"/>	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
 The original copy by mail to: Newmeadow
 220 Broadway,
 Fort Edward, NY 12828