



Parental consent to use email and/or video and/or audio conferencing (remote) platforms to Exchange Personally Identifiable Information for Newmeadow Inc. ABA (INSURANCE) HOME-BASED PROGRAM provision of Telepractice Services

Parent's
Name: _____ E-mail: _____
Child's
Name: _____ DOB: _____

At your request, you have chosen to communicate personally identifiable information concerning your child's ABA HOME-BASED PROGRAM via email and/or virtual conferencing platforms without the use of encryption. Sending personally identifiable information via the aforementioned methods has a number of risks of which you should be aware prior to giving your permission. These risks include, but are not limited to, the following:

- Email can be forwarded and stored in electronic and paper format easily without prior knowledge of involved parties.
- Email senders can incorrectly address an email and personally identifiable information can be sent to incorrect recipients inadvertently.
- Email sent via the Internet without encryption is not secure and can be intercepted by unknown third parties.
- Email content can be changed without the knowledge of the sender or receiver.
- Backup copies of email may still exist even after the sender and receiver have deleted messages.
- Employer and online service providers have a right to check email sent through their systems.
- Email can contain harmful viruses and other programs.
- Remote conferencing (Zoom, Skype, FaceTime, etc.) conducted via the Internet without encryption may not be secure and can be intercepted by unknown third parties.
- Information shared via aforementioned remote conferencing platforms may be inadvertently overheard by others present but not directly involved.

I acknowledge that I have read and understand the items above which describe and include, but not limited to, the inherent risks of using email and virtual conferencing platforms to communicate personally identifiable information.

For Office Use:
Received by date: _____

Nevertheless, I, _____, authorize Newmeadow Inc., its employees, providers, teachers and therapists to communicate with me at my e-mail address concerning my child's participation in ABA HOME-BASED PROGRAM including, but not limited to, communication regarding service delivery, his/her progress and any other related matters. I understand that use of email without encryption presents the risks noted above and may result in an unintended disclosure of such information.

In addition, I give permission for members of my child's treatment team to communicate personally identifiable information concerning my child with each other using unencrypted email. I give permission to the following Newmeadow team members to communicate with each other about my child and his/her program:

1. _____
2. _____
3. _____
4. _____
5. _____

Parent's Signature

Date

Parent Name (Print)