



**NEWMEADOW INC. ABA (INSURANCE) HOME-BASED SERVICES
CONSENT FOR THE USE OF TELEPRACTICE DURING DECLARED STATE OF
EMERGENCY FOR COVID-19**

Child's
Name: _____ DOB: _____

Parent's
Name: _____

Email
Address: _____ Phone#: _____

Service Provider Agency: NEWMEADOW INC. Phone#: (518) 899-9235 Fax: (518) 899-9315

NOTICE TO FAMILIES AND SERVICE PROVIDERS: The Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS) is responsible for enforcing certain regulations issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health (HITECH) Act, to protect the privacy and security of protected health information, namely the HIPAA Privacy, Security and Breach Notification Rules (the HIPAA Rules).

During the COVID-19 national emergency, which also constitutes a nationwide public health emergency, service providers subject to the HIPAA Rules may seek to communicate with patients and provide Telepractice services through remote communications technologies. Some of these technologies and the manner in which they are used by HIPAA covered service providers may not fully comply with the requirements of the HIPAA Rules.

Telepractice involves the use of electronic communications to enable providers at different locations to share individual client information for the purpose of improving client programs. Network and software security protocols, when available, will be used to protect the confidentiality of client's identification and data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

This consent form for the use of Telepractice as a service delivery method for ABA HOME-BASED SERVICES must be completed before Telepractice services can be initiated.

A consent form for the use of Telepractice can be returned by email if the parent/guardian also signs and returns the Parental Consent to Use Email/Remote Conferencing to Exchange Personally Identifiable Information.

For Office Use Only:
Received by Date:

A copy of the consent form for the use of Telepractice must be mailed to Newmeadow Inc., 23 Sitterly Road, Clifton Park, NY 12065 or Faxed: 518-899-9315 or emailed to mmeinhofer@newmeadow.org

I, (Parent/Guardian's Full Name) _____,
consent to have my child's ABA HOME-BASED SERVICES delivered using Telepractice.

I understand that I will have access to all information resulting from the sessions conducted via Telepractice in the form of Session Notes and Progress Notes if I request them from my child's service provider.

Parent Signature

Date

Parent Name (Print)