



### COVID-19 Consent for the Use of Teletherapy for Early Intervention Services

Child's Name Click or tap here to enter text.

Provider's Name Click or tap here to enter text.

Discipline(s) Click or tap here to enter text.

Agency Click or tap here to enter text.

### Parent(s)/Guardian Acknowledgment and Statement of Consent

I agree that my child and family may receive early intervention services via teletherapy. I consent to the following:

1. I have the option to refuse the delivery of any early intervention service (including teletherapy) at any time without risking the loss or withdrawal of any early intervention service to which my child and I would otherwise be entitled.
2. All applicable confidentiality protections, as defined in the "Family Rights: Notice of Family Rights and Procedural Safeguards in the North Carolina Early Intervention" brochure, shall apply to the services.
3. I shall have access to all early intervention information resulting from the sessions conducted via teletherapy as provided by applicable law for parental access to my child's record.

**Verbal consent obtained on this date:** Click or tap to enter a date.

Parent(s)/Guardian name: Click or tap here to enter text.

EISC notified date: Click or tap to enter a date.

This consent should be retained in the provider's client record.

This consent is valid for twelve months from the date of verbal parental consent.