O'Brien
Speech, Language
& Learning PLLC.
Discover, Encourage, Grow

CONSENT FOR THE USE OF TELEHEALTH DURING DECLARED STATE OF EMERGENCY FOR COVID-19

Child's Name:		DOB: / /
School District:		
Mandate:		
Services Type to Be Delivered Using Telehealth:		
Name of Therapist/Teacher:	Phone #:	
Service Provider Agency:)O'Brien Speech Language and Learning PLLC. 7 High Street Suite 201 Huntington NY.11743	631-423-7700/fax 631-423-7706	

Instructions: A consent form such as this sample for the use of Telehealth (Zoom,) as a service delivery method must be completed for each service type authorized for the child including evaluation services before telehealth services can be initiated. Telehealth is only available *during the declared state of emergency* for COVID-19
A consent form for the use of Telehealth can be returned by email if the parent/guardian also signs and returns the Parental Consent to Use E-mail to Exchange Personally Identifiable Information Form, available here:
The consent form for the use of Telehealth must be sent to the School District. A separate consent form is required for each service. Telehealth can include instructional telephone or video calls, homework, paper based Learning materials, internet -based lessons or a combination of such activities.

I, (Parent/Guardian's Full Name)_____, consent to have my child's
(enter service type)_____service delivered using Telehealth as a service delivery method. I understand that the Telehealth services that my child will be receiving will fulfill the service mandate in my child's Individualized Family Service Plan (IEP.).

I understand that Telehealth is only available during the declared state of emergency for COVID-19 and that my child's services will be delivered using the method authorized in my Child's IEP

I understand that Telehealth means that services will be delivered using an audio and video at the same time for the duration of the session.

I understand that I will have access to all information resulting from the sessions conducted via Telehealth.

Parent Name (Print)

_____

Parent Signature   Date

_____   _____