

Strong Start DC Early Intervention Program



Informed Consent for Virtual Early Intervention Services

Child Information	
Name of child	Date of birth (mm/dd/yyyy)
Early Intervention Service Type	
This consent is to be used for one service type. Please complete additional consents for each service type.	
<input type="checkbox"/> Service Coordination <input type="checkbox"/> Assessment <input type="checkbox"/> Ongoing IFSP Service: _____	
Name of Service Coordinator/Early Interventionist: _____	
Reason for Notice	
The Strong Start DC Early Intervention Program (DC EIP) will provide virtual early intervention services (by video/audio platforms) during the coronavirus (COVID-19) public health emergency.	
Acknowledgement and Statement of Consent	
I understand that my child and family may receive early intervention (EI) services through virtual visits.	
<ol style="list-style-type: none"> 1. I consent to the delivery of EI services by virtual visits over a computer, tablet or smartphone between DC EIP early interventionists and my family/child. I understand that the availability of virtual visits will depend on the type of technology, devices or system requirements used. 2. I understand that early interventionists will have the same licensure/certification and apply the same standard of care in a virtual visit as during an in-person visit. 3. I will have access to all EI records and information resulting from the sessions conducted through virtual visits as I would during in-person visits, and as provided for by law. 4. I have read the "Guidelines for Families and Caregivers: What Should My Virtual Visit Look Like?" 5. As with any internet-based communication, I understand that risks include the possibility of technological problems which may result in poor quality or disconnection from the virtual visit, as well as a security breach without the appropriate protections. To help mitigate security risks, it is recommended I take steps to protect my personal device and data including using a secure internet network. 6. I understand that DC EIP is not responsible for my device security and acknowledge and knowingly accept the risks of accessing service(s) via virtual technology. 7. I understand that I am responsible for the cost of technology associated with receiving EI services through virtual visits (e.g., data/internet plans, personal device). 8. I understand that the use of virtual visits is only allowable at this time due to the COVID -19 pandemic, and that virtual visits are not a permanent service delivery option. 	
<input type="checkbox"/> I consent to virtual early intervention services.	
Name of parent/guardian/caregiver	
Signature of parent/guardian/caregiver	Date (mm/dd/yyyy)