



Child's Play Occupational Therapy, PLLC

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INFORMED CONSENT FOR THE USE OF TELEHEALTH OCCUPATIONAL THERAPY

Child Name:	Child DOB:	
Address:		
City/Town:	State: New York	Zip Code:
Services Type to Be Delivered Using Telehealth: OT		
Occupational Therapist:	Phone #:	
Service Provider Agency: Child's Play OT, PLLC	Phone #: 607-725-7420	
Service Coordinator/Case Manager:	School District:	

Instructions: A consent form such as this for the use of Telehealth as an early intervention/preschool/school aged service delivery method must be completed for each service type authorized for the child including evaluation services before telehealth services can be initiated.

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:

I, **(Parent/Guardian's Full Name)** _____, consent to have my child's OT service delivered using Telehealth as an early intervention/preschool/school aged 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 (IFSP)/Individualized Education Plan (IEP)/ and or 504 Plan and are not being delivered in addition to the home/community-based services that my child is authorized to receive.

I understand that Telehealth means that early intervention services will be delivered using an audio and video at the same time for the duration of the session. Telehealth does not mean having a telephone call with my child's therapist/teacher.

I understand that telehealth as an early intervention service delivery method 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 IFSP/IEP/504 Plan after the declared state of emergency for COVID-19 ends.

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

Parent Name (Print)

Parent Signature

Date