

**NYS EARLY INTERVENTION PROGRAM  
 CONSENT FOR THE USE OF TELEHEALTH DURING DECLARED STATE OF EMERGENCY  
 FOR COVID-19**

Child's Name:	EI#:	DOB: / /
Address:		Apt #:
City/Town:	State: New York	Zip Code:
Services Type to Be Delivered Using Telehealth:	NYEIS Service Authorization #:	
Name of Therapist/Teacher:	Phone #:	
Service Provider Agency: <b>MKSA</b>	Phone #: <b>516-731-5588</b>	
Ongoing Service Coordinator	Phone #:	
Ongoing Service Coordinator Agency	Phone #:	

**Instructions:** A Telehealth consent form must be completed for each service type authorized for the child **before** Telehealth services can be initiated. Telehealth as an early intervention service delivery method is only available *during the declared state of emergency* for COVID-19. Signing the consent can take place via email (if the family has consented to use of email), or via US postal service, fax or in person.).  
**The Telehealth consent form must be sent to MKSA along with your evaluation.**  
**Email to: [evaluations@MKSALLC.COM](mailto:evaluations@MKSALLC.COM)**

I, (Parent/Guardian's Full Name) \_\_\_\_\_, consent to have my child's (enter service type) \_\_\_\_\_ service delivered using Telehealth as an early intervention 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) and are not being delivered in addition to the home/community-based services that my child is authorized to receive.

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 after the state of emergency is lifted.

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 I will have access to all early intervention 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 Service Coordinator.

I have received a copy of "Your Family Rights in the Early Intervention Program".

\_\_\_\_\_  
 Parent Name (Print)

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Date