



Helen Farabee Centers

Early Childhood Intervention (ECI) Program
PO Box 8266 Wichita Falls, Texas 76307
Ph: 940-696-6200 Fax: 940-767-0040

Child's Name:

Date of Birth:

Parent/Guardian Name:

Address/City/State/Zip Code:

Telephone #:

Email Address:

Texas HHSC-ECI and Medicaid policy require that consent be signed prior to the start of services delivered via telehealth. Please read the consent information below.

Parent(s)/Guardian Acknowledgement and Statement of Consent

I understand my child and family may receive Early Intervention Services via a telehealth method.

I understand Texas HHSC-ECI requires that I consent to the following:

- I have the option to refuse the delivery of early intervention services via the telehealth method at any time without affecting my right to in-person services and without risking the loss or withdrawal of any Early Childhood Intervention (ECI) service to which my child and I would otherwise be entitled.
- All applicable confidentiality protections, as defined in the "Procedural Safeguards Related to Prior Written Notice and Consent" document and ECI Parent Handbook, shall apply to the services.
- I shall have access to all Early Childhood Intervention (ECI) information resulting from the sessions conducted via telehealth as provided by applicable law for parental access to my child's record.
- I understand that I can revoke consent to record visits at any time by notifying my Service Coordinator or calling the ECI office. At that point, I will sign another form indicating my decision.
- I understand I must keep all internet passwords and connections secure to ensure confidentiality of all telehealth interactions.

Please mark Agree or Decline:	Agree	Decline
I give my consent for the use of the telehealth method for my ECI services. I understand that I can decline consent at any time in the future.	<input type="checkbox"/>	<input type="checkbox"/>
Please mark Agree or Decline:	Agree	Decline
I give ECI permission to video record service sessions, to be used as a training tool, in order to observe my child's progress and provide feedback to improve services. I understand that identifying information will be kept confidential.	<input type="checkbox"/>	<input type="checkbox"/>

Parent / Guardian Signature

Date

ECI Staff Signature

Date