

# SOONERSTART INFORMED CONSENT FOR VIRTUAL SERVICES

Child Information		
Name of child	Child ID # (if known)	Date of birth (mm/dd/yyyy)
SoonerStart Site	Resource Coordinator	

### Acknowledgement and Statement of Consent

I understand that my child and family may receive early intervention (EI) services including service coordination, screening, eligibility determination, IFSP meetings and intervention visits through virtual visits. I also understand that federal and state law require that I consent to the following:

1. I consent to the delivery of EI services by virtual visits over a computer, tablet, or smart phone between SoonerStart EI professionals 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 EI professionals will have the same licensure/certification and apply the same standard of care as EI professionals during an in-person visit.
3. I will have access to all EI records and information resulting from the session conducted through virtual visits as I would during in person visits, and as provided for by law.
4. 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 to take steps to protect my personal device and data including using a secure Wi-Fi network with password and using a video conferencing platform with end-to-end encryption to participate in virtual visits.
5. I understand that the SoonerStart program is not responsible for my device security and acknowledge and knowingly accept the risks of accessing service(s) via virtual technology.
6. 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).  
I understand that the use of virtual visits are only allowable at this time due to COVID -19 and are not a permanent service delivery option. This temporary policy will be in effect until Oklahoma's COVID-19 public health emergency is lifted.

Name of parent/guardian/caregiver providing consent	Date (mm/dd/yyyy)
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### Verbal Consent

Documentation of verbal consent is contained in the child's early intervention record.

<input type="checkbox"/> Consent was received via phone. A copy of the conversation is included in the child's EI record.
<input type="checkbox"/> Consent was received via text message. A copy of the conversation is included in the child's EI record.
<input type="checkbox"/> Consent was received via email. A copy of the conversation is included in the child's EI record.

Name of professional:	Date (mm/dd/yyyy)
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VERBAL CONSENT NO LONGER ALLOWED



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