

Your Privacy is Important to Us

Tele-intervention is the delivery of early intervention services using distance technology, typically computers, when the clinician and patient/client are not in the same physical location. Service providers include audiologists, speech-language pathologists, teachers of the deaf, and other early interventionists.

Potential Benefits:

1. Improve caregiver skills in fostering their child's communication by focusing intervention on caregiver-child interactions.
2. Reduce cancellations due to a family member's minor illness or provider minor illness.
3. Reduce cancellations due to weather.
4. Provide an opportunity for other family members to learn from recordings of sessions.
5. Save program costs associated with travel to homes.

Potential Risks:

We want to make sure you understand that your privacy is important to us and that your information will be secure. As with any service, there may be potential risks associated with the use of tele-intervention. These risks include, but may not be limited to:

1. The internet connection used may not be sufficient (e.g., poor picture or sound quality, dropped connections, or audio interference) to allow for effective interaction.
2. The computer must be stored in a safe place to prevent damage.
3. Security protocols of the internet-based programs could fail, causing a breach of privacy of confidential clinical/medical information.

Privacy and Security efforts

Electronically transmitted information may include:

- Child and/or family progress reports, assessments, or other intervention-related documents;
- Audio or video files from recorded sessions, including audio clips.

Security procedures will be followed to protect the confidentiality of patient/client information and to safeguard information against intentional and unintentional corruption:

- a) Only encrypted software programs will be used to conduct the sessions;
- b) The laptops will automatically record the tele-intervention sessions. These recordings will be encrypted and transferred to the study's secure private password-protected server that can only be accessed by authorized persons, i.e., research staff and families. Each provider will only have access to their families' data/video recordings and each family will only have access to their own files.
- c) Lesson plan progress notes, evaluation results, or any other documents containing personal information (names, addresses, birthdates, etc.) will be either mailed to the caregiver through the U.S. Postal Service or it will be made available through the (program) secure web portal system. This is a password-protected system created exclusively for families and providers to allow access to early intervention information.

By signing this form, I understand and agree with the following:

1. The laws that protect the privacy and confidentiality of health and early intervention information also apply to tele-intervention. Information obtained during tele-intervention that identifies me or my child will not be given to anyone outside of this study without my consent except for the purposes of treatment, payment, and healthcare operations.
2. As with any internet-based communication, I understand that there is a slight risk of security breach. However, I believe that the potential benefits of tele-intervention outweigh this risk.
3. I understand that individuals other than my provider may also be present and have access to my information during the tele-intervention session. This is so they can operate or repair the video or audio equipment used. These persons will adhere to privacy policies.
4. I have the right to withhold or withdraw my consent to the use of tele-intervention at any time. Withdrawing my consent will not affect any future services. It will not impact early intervention benefits to which my child and I are entitled.
5. I have the right to inspect all information obtained and recorded through tele-intervention. I may receive copies of this information for a reasonable fee in keeping with (program) office policies and procedures.
6. I may expect the anticipated benefits from the use of tele-intervention, but I understand that no results can be guaranteed.
6. I have read and understand the information provided above regarding tele-intervention, and all of my questions have been answered to my satisfaction.

I hereby consent to the use tele-intervention in the provision of early intervention services.

Name of Child: _____

Name of Parent/Caregiver: _____

Signature of Witness: _____

Date: _____

Please contact [\(name\)](#) or call (phone) if you have any questions or concerns. Thank you.