

Childs Name:

**Little Angels Center
Early Intervention Initial Intake Form**

- I have been informed of my right to view my child's log notes
- I have been informed of the confidentiality regulations and understand how my child's records will be stored and transported.
- My child has allergies? Yes No *If yes, please complete attached form.*
- I filled out the allergies form and discussed an emergency plan with my therapist(s).
- I have discussed the IFSP with the team and understand I may change it at any time upon my request.
- I have filled out the appropriate consent forms necessary with regards to evaluation, release of medical information and transfer of records.
- I have been informed of the child illness/make-up session policy and procedure.

Parent/Guardian Signature

Date

Little Angels Representative

Date

Little Angels Center, Inc.

Children with Allergies Intake Form

Child's Name:

Date of Birth:

Health Care Provider:

Health Care Provider Phone #

Allergy Type:

Emergency Care Plan:

Parent/Caregiver Signature

Date

Little Angels Center's Child Illness Policy

- A child will not be seen for therapy if he/she has a fever of 101 degrees on the day of therapy or less than 24 hours prior to therapy.
- A child will not be seen on the day of a regularly scheduled session if he/she has had an episode of vomiting, diarrhea or presents with colored nasal discharge.
- A child will not be seen if a case of contagious disease exists (chicken pox, fifth's disease, pink eye, etc.) unless a doctor's note is obtained.
- At therapist may not enter a home in which any of these illnesses are present in family members.
- Siblings/household members who are sick from school/work should not sit in the Little Angels waiting room.

Little Angels Center's Make-Up Session Policy

Services can be made-up in the following ways:

- When the make-up session is on a different day than a regularly scheduled visit. (Example: If a visit is on Tuesday, the make-up session can happen on any day except Tuesday).
- If the make-up session does not break any New York State billing rules. Talk to your service provider about how often services can be provided.

Services cannot be made-up in the following ways:

- A session cannot be made longer to make-up for missed sessions. For example, if therapy is approved for a half-hour, it cannot be made-up as an hour session.
- Sessions cannot be made-up before they are missed.

Little Angels Center, Inc.
235 Blue Point Avenue
Blue Point, New York 11715
(631)-363-5794
Fax (631) 363 8046

CONFIDENTIALITY POLICY AND PROCEDURE

Components to Include in Written Policy for Maintaining Provider Early Intervention Records

Early Intervention Program (EIP) records are defined in EIP regulation, Section 69-4.1 (ak). A child's early intervention clinical record is considered an educational, not medical, record and by the Federal Family Educational Rights and Privacy ACT (FERPA). EIP billing/claiming records must also meet the requirements of the Federal Health Insurance Portability and Accountability ACT (HIPAA). EI providers who are licensed, registered, or certified under NYS Education Law must retain their records in accordance with the laws and regulations that apply to their professions.

Confidentiality

Policies and procedures for confidentiality should apply throughout the stages of collection, storage, disclosure and destruction of records; including electronic records. All providers delivering early intervention services must meet the following confidentiality requirements:

- An individual responsible for ensuring the confidentiality of personally identifiable information in records, including electronic records, must be designated.
- All records containing personally identifiable information must be maintained in secure locations, including when records are disposed of, stored off-site and during the retrieval. Records transported are secured and confidentiality is maintained when not with the provider.
- When information about a child/family is contained in records that include information about multiple children, only information pertaining to that child/family can be released. Personally identifiable information about others must be protected.
- Only individuals who collect or use information *for the express purpose of facilitating the child/family's participation in the EI program* should be authorized to routinely access a child's record. These individuals must be identified within a provider agency.
- If record review for quality assurance (or other purposes such as a fiscal audit, etc.) is performed by individuals not in the direct provision of early intervention services, the provider must provide the parent/guardian of such need and obtain written parental consent. Names of the individuals, the purpose for the record access must be provided.

If consent is given, those individuals must be informed about, and required to adhere to, all confidentiality policy and procedures of the EIP and must adhere to all legal requirements that protect EIP records containing sensitive information (such as sexual or physical abuse, HIV status, treatment for mental illness, treatment of mental illness, the child's parentage, etc.).

- A record must be kept of any individuals, other than authorized individuals, who access a child's record, along with the date and purpose for which the record was accessed.
- Only information appropriate to a request should be released. Extraneous or sensitive information about the child and family should be protected.
- Written parent consent must be obtained before personally identifiable information is disclosed to anyone other than authorized individuals. Written parental consent for release of or obtaining information must include the name of the entity; which records will be obtained or released, (e.g. record review for quality, parent must be informed of the names of the individuals that request access and purpose for the access and provide written consent for such access. If consent is given, those individuals must also be informed about, and required to adhere to, the confidentiality policies and procedures of the EIP and must adhere to all legal requirements that protect EIP records containing sensitive information (such as sexual or physical abuse, HIV status, treatment for mental illness, the child's parentage, etc.)
- If record review for quality assurance (or other purposes such as a fiscal audit, etc.) is performed by individuals not in the direct provision of early intervention services, the provider must provide the parent/guardian of such need and obtain written parental consent. Names of the individuals, the purpose for the record access must be provided. If Consent is given, those individuals must be informed about, and required to adhere to, all confidentiality requirements applicable to personally identifiable information within the Early Intervention Program.

Access to and Amending Records

Access to records includes a review of the record by the parent or a representative on behalf of the parent (unless such access is prohibited under state or federal law); and explanation and interpretation of material included in any EI record upon request; and, a copy of any record within 10 working days of the request (if the request is made as part of a mediation or impartial hearing, a copy must be provided within 5 days).

The parent has the right to request an amendment to their child's record when the parent believes the information contained in the record is inaccurate, misleading, or violates the privacy or any other rights of their child.

- Notify parents of the process that they must follow to inspect and review all records pertaining to their child
- A fee not exceeding 10 cents per page for the first copy and 25 cents per page for additional copies may be charged to copy EI records, unless the fee prevents the parent from inspection and reviewing the record.
- No fee may be charged for records related to evaluation and assessments or for the search and retrieval of records. If the provider decides not to amend the record as requested,

inform the parent of this decision and that the parent has the right to a hearing.

- Amend information in the record if found to be inaccurate, etc. and inform the parent, in writing.
- Little Angels has an open door policy for parents/guardians of children that receive services to review their child's records at any time. The parents will be informed of this procedure at the onset of services at the initial IFSP meeting or upon the start of services.
- All documents received by Little Angels Center can only be obtained via faxed (using confidential cover sheet), mailed or handed in enclosed sealed envelope. Documentation is not permitted via email.

Maintenance and Retention of Records

- At a minimum, records must be retained for six years from the date that care, services or supplies were provided to the child and family.
- Providers who are licensed, registered, or certified under the state education law must retain records in accordance with the laws and regulations that apply to their profession.
- Because the Medicaid status of children is unknown to providers, all Medicaid requirements must be adhered to, including preparing and maintaining contemporaneous records.
- Electronic documentation must be maintained in a manner that demonstrates the provider's right to receive payment under the Medicaid program.
- All electronic storage of documentation including CD's, DVD's and diskettes must be maintained in a fireproof, locked filing cabinet.
- Storage of electronic records on a computer is maintained and protected by a secure password have limited access by authorized staff within the agency. This also includes, but is not limited to , password protection and secure storage of discs, CD's, DVD's and/or removable storage devices.
- No email transmission of reports and related documents will be allowed to transpire.
- Faxed information must be accompanied by a fax coversheet including a confidentiality statement.
- Faxed information is maintained individually and there will be one coversheet per client. Combining information on two or more clients per fax is prohibited. The fax sheet is maintained in the private business office of the agency near authorized personnel only and will not be accessible to unauthorized personnel or the general public.
- Personnel Authorized Routine Access to Children's' files; Laura Rogacki is the individual who is responsible for maintaining confidentiality of the children's records. She is granted routine access to the children's' files for the purpose of review and maintaining files as per IEP guidelines. Other individuals granted routine access to the files would be the ongoing service coordinator as well as the providers of service as indicated on the IFSP. All individual accessing files must record their name, title, date, time in an out of , as well as the reason for reviewing file on the access sheet maintained in the folder.

On-Site Storage

- All storage of child/family records is secure. All records containing personally identifiable information are maintained in secure locations (e.g. file cabinet) that are locked when unattended. Shredding is the method of disposal of all family/child records.

Off-Site Storage (In the event that Little Angels Center requires off-site storage of records)

- Storage of child/family records will be maintained in secured fire proof location and will be locked when unattended. The disposal of record, on-site and off-site, is performed by way of shredding.
- All off-site storage of child records is secure. Little Angel's records will be maintained in a secure storage unit that is locked at all times. Confidentiality requirements must be followed by off-site storage company that housed Little Angel's files. The provider's contract with the storage company must meet all confidentiality requirements of FERPA and Title 34 CFR applicable to child/family records within the EIP including: the storage, retrieval, and disposal of records. The contract must be available for inspection by oversight agencies

Faxed Information:

- Confidentiality of faced information is maintained by way of fax coverthat includes at least a fax sheet. Little Angels Center utilizes a fax cover sheet that contains a confidentiality clause that allows the receiver the sent information is private.
- Little Angel Center ensure that the fax recipient maintains a secure site where faced information would not be accessible to unauthorized personnel of the general public.

Parent Notification to Review all Pertinent Child Records

- Parents/guardians of children receiving services are permitted to inspect and review all records pertaining to their child. Upon the initial IFSP meeting the parents will be provided with information in how the parents would make the request to view the file upon the time of review. The parent shall also be informed that if they are unable to submit a request to review the request in writing a verbal request shall be accepted.

Parent's Right to Amend the Child's Records

- If the parent believes the information contained in the child's record is inaccurate, misleading, or violates the privacy or other rights of their child, they have the right to request an amendment to their child's records.

- The Early Intervention Official (EIO) will be notified if the provider does not agree to amend the record. It is the responsibility of the EIO to inform the parent in writing of the provider’s decision not to amend the record. The parent will also be informed that they have the right to a hearing by an impartial party. The hearing will be conducted by an individual designated by the municipality who does not have a direct interest in the outcome of the hearing. In an event that the information in the record is found to be accurate, misleading, or to violate the privacy of the child/family, the provider must amend the information and will inform the family’s service coordinator. It is the responsibility that the service coordinator ensures the contents of the record are amended and notifies the parent of the amendment in writing.

I _____ have personally read and demonstrated a good understanding of the Policy and Procedure for Title 34 of the Code of Federal Regulation and other applicable legal requirements for confidentiality. Date: _____

**PARENTAL CONSENT FOR RELEASE OF INFORMATION FOR
MEDICAID FUNDING**

TERMS, RIGHT AND RESPONSIBILITIES.

By signing this application, I understand and confirm that:

- I have been fully informed in my native language or other mode of communication that the granting of my consent to share information for the purpose of obtaining Medicaid reimbursement for the services provided per my child’s individualized education program (IFSP) is voluntary and may be revoked at any time and that if I revoke my consent, it does not negate (undo) an action that occurred after my consent was given and before my consent was revoked.
- If I refuse consent to allow use of Medicaid insurance to pay for special education services, the school district must still provide all required special education services at no cost to me.
- The use of Medicaid insurance for special education services will not decrease the available lifetime coverage, increase premiums or lead to the discontinuation of benefits, result in my family paying for services required for my child outside of school that would otherwise be covered by the Medicaid program or otherwise diminish my family’s insured benefits under the Medicaid Program
- I will not incur an out-of-pocket expense such as payment of a deductible or co-pay amount.

I, _____, as parent/guardian of
(Print name of parent or person in parental relationship)

(Print child’s name)

give permission to the public agency (school district, municipality or Medicaid provider) to use Medicaid to pay for IFSP services and to such public agency and to each approved private special education school or provider who provides IFSP services to my child to disclose information regarding diagnosis and procedure codes for billing Medicaid for services described in my child’s IFSP ad for evaluation in relation to the services; and in the event of an audit, documentation required to support services reimbursement by Medicaid from my child’s educational records to local, state and federal agency representatives for the sole purpose of claiming Medicaid reimbursement for covered health-related support services for each service and for each school year in which services is provided as recommended in my child’s IFSP if my child becomes Medicaid eligible.

I give my consent voluntarily and understand that I may withdraw that consent at any time . I also understand that my child’s entitlement to a free and appropriate public education (FAPE) Is in no way dependant on my granting consent.

Signature: _____ Date: _____

CONFIDENTIALITY ATTACHMENT

Components to Include/Describe in Written Policy and/or Procedure for Maintaining Provider Early Intervention Records

Early Intervention Program (EIP) records are defined in EIP regulations, Section 69-4.1(ak). A child's early intervention clinical record is considered an educational, not medical, record and is governed by the Federal Family Educational Rights and Privacy Act (FERPA). EIP billing/claiming records must also meet the requirements of the Federal Health Insurance Portability and Accountability Act (HIPAA). EI providers who are licensed, registered, or certified under New York State Education Law must maintain their records in accordance with the laws and regulations that apply to their profession.

Policies and procedures for confidentiality should apply throughout the stages of collection, storage, disclosure and destruction of records, including electronic records. All providers delivering early intervention services should develop a policy/procedure describing how they will meet the following confidentiality requirements. Providers should maintain a written policy specific to their practice.

- Agencies must designate an individual who has appropriate authority to be responsible for ensuring the confidentiality of personally identifiable information in records, including electronic records.
- Describe how the storage of records is secure. Records containing personally identifiable information must be maintained in secure locations, such as a file or room that can be locked when unattended. Records must be disposed of using an appropriate method such as shredding.
- If records that contain personally identifiable information are stored off-site, describe how the storage of these records is secure. These records must be maintained in secure locations such as in a file, room, or storage unit that is locked. The method of retrieving these files must also maintain the confidentiality of these records. Records must be disposed of using an appropriate method such as shredding. When a professional records management company is used for storage of records containing personally identifiable information, confidentiality requirements must be followed by this company during the storage, retrieval, and disposal of records. The provider's contract with this company must meet all confidentiality requirements of FERPA and Title 34 CFR applicable to child/family records with the EIP. (The provider must be able to produce this contract for review.)
- Describe how transported records are secured and how confidentiality is maintained when records are not with the provider.
- Describe how the confidentiality of electronic records is maintained, as follows:
 - Describe how the confidentiality of electronic records that are stored on computer is maintained. Internal controls must be in place when information is stored on computers that limit access to authorized staff within an agency or to the individual provider. This includes, but is not limited to, password protection and secure storage of discs, CD's, DVD's and/or other removable storage devices.

- Describe how confidentiality is maintained when e-mail is used. Due to the potential for breach of confidentiality, child specific identifiable information may not be transmitted via e-mail unless rigorous administrative, technical and physical safeguards are in place including, but not limited to, password protection, encryption, and firewalls. All parties involved in the sending and receipt of an electronic record must be able to maintain the confidentiality of that record. Child specific identifiable information includes a list of personal characteristics or other information that would make it possible to identify the child, the parent or other family members with reasonable certainty. In addition to obvious identifiers such as name, address, etc., the combination of facts presented in the e-mail (e.g., initials, family composition, unique diagnosis, heritage, neighborhood, etc.) should not be able to identify a particular family or child.
- Describe how confidentiality of faxed information is maintained. Safeguarding of faxed information requires, but is not limited to, the use of a fax cover sheet that includes a confidentiality statement. The provider must also ensure that the fax recipient maintains a secure site where faxed information would not be accessible to unauthorized personnel or to the general public.
- Agencies must identify those individuals within their agency who are authorized to routinely access a child's record. Each agency must maintain a current listing of the names and titles/positions of those employees who may have routine access to personally identifiable information. Only individuals who collect or use information for the purpose of facilitating the child's/family's participation in the EIP should be given this authorization. Describe how this is implemented. (The provider must be able to produce this list for review.)
- A record must be kept of all individuals, other than authorized individuals, who access a child's record, including the date of access and the purpose for which the record was accessed. Describe how this access is documented. If the method for documenting access contains multiple child names, there must be a procedure for maintaining the confidentiality of each child/family. (The provider must be able to produce a sample of this access record for review.)
- Describe how parents are notified of the process that they must follow to inspect and review all records pertaining to their child. This notification should include a description of the process including how parents would make the request, who they must speak to, and other details. Please note, if a parent is unable to submit a request to review records in writing, a verbal request should be accepted.
- Parental access to their child's record must be ensured. Access to records includes: a review of the record by the parent or a representative on behalf of the parent unless such access is prohibited under State or federal law; an explanation and interpretation of material included in any EI record upon request; and a copy of any record within 10 working days of the request (if the request is made as part of mediation or an impartial hearing, a copy must be provided within 5 days.) Describe how this confidentiality requirement will be met.
- Fees for copying and retrieving records must not exceed allowable rates. A fee not to exceed 10 cents per page for the first copy and 25 cents per page for additional copies may be charged to the parent to copy EI records unless the fee prevents the parent from inspecting and reviewing the records. No fee may be charged for records related to evaluations and assessments or for the search and retrieval of records. An evaluator or service provider licensed by NYSED may charge for copies as permitted under PHL §18.

- Describe how the procedure to address amendment of their child's records protects the parent's rights. The parent has the right to request an amendment to their child's record when the parent believes the information contained in the record is inaccurate, misleading, or violates the privacy or other rights of their child.
 - If the provider decides not to amend the record as requested, the provider informs the Early Intervention Official of this decision. The Early Intervention Official is responsible for informing the parent in writing of the provider's decision not to amend the record and that the parent has the right to a hearing. The hearing will be conducted by an individual designated by the municipality who does not have a direct interest in the outcome of the hearing.
 - If information in the record is found to be inaccurate, misleading, or to violate the privacy of the child/family, the provider will amend the information and will inform the family's service coordinator. The service coordinator ensures the contents of the record are amended and notifies the parent of the amendment in writing.
- When records contain information about more than one child, information about other children receiving services must be protected. Only information pertaining to the child/family who is the subject of a request for record access or disclosure may be released. Describe how personally identifiable information about other children receiving services is protected.
- Written parental consent must be obtained before personally identifiable information is disclosed to anyone other than authorized individuals. Written parental consent for release of or obtaining information must include the name of the entity; which records will be obtained or released; the specific record(s) to be used and the purpose of such use; the date the parent signed the consent; and the parent's signature and relationship to the child. Only information appropriate to a request should be released. (The provider must be able to produce a sample consent form for review.) *
- Describe how records containing sensitive information are protected. Providers must adhere to the confidentiality requirements of the EIP, including all legal requirements that protect records containing sensitive information (such as sexual or physical abuse, treatment for mental illness or mental health problems, HIV status, communicable disease status, the child's parentage, etc.). When consent is given by a parent or guardian to release information, only information appropriate to a request should be released. Sensitive information about the child and family must be protected.
- At a minimum, records must be retained for six years from the date that care, services, or supplies were provided or billed, whichever is later. Providers who are licensed, registered, or certified under New York State Education Law must retain records in accordance with the laws and regulations that apply to their profession.
- If electronic signatures are used, electronic documentation must be maintained in a manner that demonstrates the provider's right to receive payment under the Medicaid program and ensures the confidentiality of child and family information. Records must meet the general and specific requirements of the regulation as to content. It must be possible to determine when the record was created. There must be a process to document alteration of the record and also a process to prevent alteration (i.e. 'read-only' format, PDF, etc.). The direct provider of service must be identified in the record. If electronic signatures are used, provide details of how this compliance is assured. (The provider must be able to produce a sample record for review.)

- Describe how provider assures adherence to requirements for maintaining the confidentiality of personally identifiable information, as follows:
 - Agency providers must assure that all employees, independent contractors, consultants, and volunteers with access to personally identifiable information are informed about, and required to adhere to, all confidentiality requirements applicable to personally identifiable information within the EIP. Agencies must also assure knowledge of and compliance with all legal requirements that protect records containing sensitive information (such as sexual or physical abuse, treatment for mental illness or mental health problems, HIV status, communicable disease status, the child's parentage, etc.).
 - Individual providers must keep informed of all applicable confidentiality requirements as described above.

*Note: The New York State Department of Health, as lead agency responsible for oversight of the EIP, is required to monitor providers of early intervention evaluation, services, and service coordination. The department has contracted with IPRO to perform on-site reviews of early intervention providers. FERPA authorizes the disclosure of the child/family's record, without parent consent, to specified officials (e.g., state officials/IPRO) for audit or evaluation purposes of any federally or state-supported education program or in connection with the enforcement of or compliance with federal legal requirements which relate to any such program.

Little Angels Center, Inc.
235 Blue Point Avenue
Blue Point, New York 11715
(631)-363-5794
Fax (631) 363 8046

Early Intervention Program
Provider and Family Agreement for Home and Center Based Services

Developed by the Suffolk County LEICC Quality Assurance Subcommittee
Professional Ethics Subcommittee

As a provider of services to children in your municipality Early Intervention Program, I am bound by a Code of Professional Ethics. It is important that the families of the children I provide services understand the professional standards that are incorporated in this code and that we enter into an agreement to assure that the standards are followed.

I will:

- Provide services to the best of my ability based upon my training and credentials;
- Maintain all information to protect the privacy of your child and family;
- Make every effort to follow the schedule for service provisions;
- Advise you ahead of time if I am going to be absent for an extended period of time and call ahead of time if sickness prevents me from providing a daily service;
- Maintain accurate records of the services provided and bill only for those services provided;
- Not accept cell phone calls while providing services;
- Work cooperatively with other members of the treatment team;
- Work with you and other family members towards developing strategies you can use to enhance your child's development.

Please Understand and Comply with the following professional boundaries:

- I am not allowed to work for you in any capacity other than to provide therapy to your child as authorized on the IFSP.
- I am not allowed to be left alone with your child. A person over the age of 18 must be available in the home at the time I provide services.
- I am not allowed to transport you or your child anywhere or at anytime.
- Our relationship is a professional one. It is not appropriate for me to accept gifts or meals and it is not appropriate for me to be involved with you in personal activities such as birthday parties or family events.
- I am legally obligated to report any suspicion of neglect or abuse of the child.

I have read this agreement and understand the professional boundaries that my therapist is required to follow.

Name of Child: _____

Name of Parent/Guardian (please Print)

Signature of Parent/Guardian

Date

Name of Therapist

Signature of Therapist

Date

Parental Consent to Use E-mail to Exchange Personally Identifiable Information

Parent's Name: _____

E-mail Address: _____

Child's Name: _____ D.O.B. _____

At your request, you have chosen to communicate personally identifiable information concerning your child's early intervention treatment by e-mail without the use of encryption. Sending personally identifiable information by e-mail has a number of risks that you should be aware of prior to giving your permission. These risks include, but are not limited to, the following:

- E-mail can be forwarded and stored in electronic and paper format easily without prior knowledge of the parent.
- E-mail senders can misaddress an e-mail and personally identifiable information can be sent to incorrect recipients by mistake.
- E-mail sent over the Internet without encryption is not secure and can be intercepted by unknown third parties.
- E-mail content can be changed without the knowledge of the sender or receiver.
- Backup copies of e-mail may still exist even after the sender and receiver have deleted the messages.
- Employers and online service providers have a right to check e-mail sent through their systems.
- E-mail can contain harmful viruses and other programs.

Parental Acknowledgement and Agreement

I acknowledge that I have read and understand the items above which describe the inherent risks of using e-mail to communicate personally identifiable information. Nevertheless, I, _____, authorize _____ & Little Angels Center whose e-mail address is _____ and ei@littleangelscenter.com, to communicate with me at my e-mail address, _____, concerning my child's, _____, participation in the Early Intervention Program (EIP), including but not limited to communication regarding service delivery, his/her progress in the EIP and any other related matters. I understand that use of e-mail without encryption presents the risks noted above and may result in an unintended disclosure of such information.

(Optional) In addition, I give permission for members of my child's treatment team to communicate personally identifiable information concerning my child with each other using unencrypted e-mail. Early intervention team members who I give permission to use unencrypted e-mail to communicate with each other about my child include:

- (1) _____ with the e-mail address _____
- (2) _____ with the e-mail address _____
- (3) _____ with the e-mail address _____
- (4) _____ with the e-mail address _____
- (5) _____ with the e-mail address _____

Parent's Signature _____ Date _____

Little Angels Center

PEDIATRIC & ADULT THERAPY SERVICES

Service Provision in a Preschool/Daycare Setting

In accordance to guidelines set forth with the OCFS on 2/7/2020 and in alignment with HIPPA, IDEA, and the ADA, Little Angels Center requires this form to be completed prior to the initiation of therapy.

***please initial all below

I have been informed by Little Angels Center that _____ has been cleared through the NYS State Central Registry (SCR), NYS staff Exclusion List (SEL), and successfully completed fingerprinting. Furthermore, this professional holds all necessary licenses and/or certifications required to perform their identified job duties.

I understand that my child _____ will receive _____ in a designated therapy area determined by my child's school/daycare.

I understand that it is the responsibility of the school to ensure that the designated area is free from distraction and meets all state, federal, and local regulatory health and safety guidelines set forth by the OCFS.

By signing this form, I understand that my child will work with _____ in a 1:1 setting for _____ for as long as my child's IEP warrants and individual special education service.

Authorized by:
(All parties must sign for this form to be valid)

(Parent) (date)

(School/Daycare Director) (date)

(Therapist) (date)

(Little Angels Compliance Clerk) (date)

Little Angels Center
Parent Consent for the Use of an Interventions with a Formal Plan of Supervision

Child's Name:	Date:
OSC Name:	OSC Agency:
OSC Phone #:	Parent Name:
Service Provider:	Supervisor:
Service Provider Agency: Little Angels Center	Service Provider NPI#:
Disciple:	Authorization Number:

Little Angels will provide Early Intervention Services using an interventionist with the following credentials or area of study: (Check one)

Physical Therapy Assistant (PTA) _____ Certified Occupational Therapist (COTA) _____
 Speech Pathologist in clinical fellowship year (CFY) _____ or a student enrolled in university program in the
 following area of study: Physical Therapy _____ Occupational Therapy _____ Speech Therapy _____

The interventionist requires a formal plan of supervision. The plan of supervision has been approved by the NYS Bureau of Early Intervention. Supervision will be provided by an experienced provider licensed by New York State. Under the Plan of Supervision, the supervisor will (**Check all that apply**):

_____ Attend initial session with child, parent/caregiver, and the interventionist to observe the child and family in routine activities, discuss family priorities, set goals in line with functional outcomes developed at the Individualized Family Service Plan (IFSP) meeting, and plan intervention using an approach that will enable the family to support the child's development during routine activities.

X Maintain ongoing involvement in the care provided, and review the need for ongoing services. Regularly observe early intervention services to ensure overall quality, and to ensure parent/caregiver feedback is incorporated into the intervention. Observation will be conducted: Monthly _____ Quarterly _____

X Regularly review session notes, quarterly progress notes, and justification for change in frequency, intensity of method of service, and assistive technology request forms.

X Review the discharge plan.

_____ Other: _____

I, (**Parent's Name**) _____, parent/guardian or (**Child's Name**) _____, consent to the provision of the service indicated above by an interventionist working under the Formal Plan of Supervision.

Parent Signature: _____ Date: _____

I, (**OSC name**) _____, OSC for (**Child's Name**) _____, have been informed of the provision of the service indicated above by an interventionist working under a formal plan of supervision.

OSC Signature: _____ Date: _____

