

Client Name _____

We are required to document informed consent for you and your child(ren) to participate in a virtual appointment and future upcoming virtual visits. By signing, you agree to participate in a live, interactive video chat or phone conversation for yourself and your child. You also understand the following:

VIDEO CONSENT FORM

I, the undersigned parent/legal guardian for the minor client, agree to receive ParentChild+ services via video. I understand the appointment with the ParentChild+ site coordinator and/or our family's Early Learning Specialist will happen by using an agreed upon video chat application or the phone.

I, for myself and as the parent/legal guardian for the minor client, also understand and agree that:

- I can decline the video services at any time without affecting my right to future participation in the program and that any program benefits to which I would otherwise be entitled cannot be taken away.
- If I decline the video services, the other option available to me is via telephone.
- All existing confidential protections shall apply to your video session.
- I will be informed of any individuals who will be present with the site coordinator or my Early Learning Specialist on the video chat. I retain the right to exclude anyone from my appointment.
- I will inform my or my child's Early Learning Specialist of any individuals present at my location during our video chat.
- I understand that the sessions will be recorded occasionally for supervision and training purposes and you will be notified prior to session of any such recordings.

My signature indicates I have read this document carefully, and my questions have been answered to my satisfaction.

Child Name _____ Date: _____
(Printed):

Parent/Legal Guardian Name _____ Parent/Legal Guardian Signature: _____
(Printed):

For Provider Use Only:

I reviewed with the service recipient the content of this consent and answered any questions. Coordinator Name: _____ Date: _____
