** Remote Early Intervention (Remote EI) Consent and**

**Prior Authorization (PA) Request Form**

**Family Consent for the Use of Remote EI:**

I understand that visits listed below will be completed remotely using a secure video connection, or rarely, using the phone only. I understand that occasional visits NOT listed below may be completed remotely, if I agree. I have been given guidance and support on use of necessary equipment and expectations of me and my providers to make this happen effectively. I understand that if I am no longer in agreement with the amount of remote or in-person supports I can address this with my service coordinator, the program director, and/or Birth to Three Family Liaison. I understand that I can revoke this consent at any time.

I do not consent to Remote EI Services as explained above. I understand that I am still eligible to choose it

and revise this form at another time.

Printed Name:

Signature: Date:

I revoke this consent: Signature: Date:

**PA Request for Remote EI**  (*Birth to Three Program sends via secure email to* [*CTBirth23@ct.gov*](mailto:CTBirth23@ct.gov)*)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Program Name: | | | Child’s Name: | | | Birth to Three Number: |
| DOB: | Start Date: | | | Proposed End Date: | | Service Type:  Eval.  Assmt.  EITS |
| Reason: Please describe in detail:  Complete IFSP must be attached | | | | | | |
| Which technology will be used:  OEC listed HIPAA Compliant Web-Based application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(name)*  Phone  Other (Describe): | | | | | | |
| ***Office of Early Childhood Only:*** | | | | | | |
| Date request received:  Date returned to program: | | Approved  Denial Reason:  Need Additional Information: | | | Authorized Signature and Date: | |