**Disclosure Statement for the Use of Recordings during Intervention Sessions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Early Intervention ColoradoCCB Label (w/ Phone Number) |  |  | TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Family \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State & Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RE: Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID Number  |  |

During an in-person or Telehealth session for early intervention services, recording the session may be of benefit. Consent for the use of any recording must be obtained.

###### Parent(s)/Guardian Acknowledgment and Statement of Consent

If a recording is being made during an early intervention session, I understand that Colorado law requires that I consent to the following (initial each statement):

\_\_\_ I will not share (for example, posting on Facebook) any recording of an early intervention session without the written consent of the therapist/agency.

\_\_\_ I understand that all documentation of the session will be in a written format and any recordings made are not considered documentation of a given session. Recordings will not be maintained as a part of my child’s early intervention record.

\_\_\_ Any other recordings of early intervention sessions involving my child must not be used for the purposes of training or public awareness without my written consent or electronic signature in a separate consent form prior to their use.

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Please Print Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parental Signature

Received by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Title Date

*Note: Parents are to receive a copy of this form. A signed copy shall be placed in the child’s EI record. This consent form is valid for twelve months from the date of parental signature.*