

NYC Bureau of Early Intervention Sample Weekly Confirmation of Telehealth Services for COVID-19 (3/25/2020)

Instructions: This sample form must be completed by the teacher/therapist to ensure the continuation of services during the Declared State of Emergency for COVID-19. All fields are required; providers may add more fields if needed. All information must be completed and must match the appropriate fields on accompanying session notes. Typed signatures are not acceptable. This form, along with the corresponding session notes, must be kept in the child's file. Please see the New York State Department of Health Bureau of Early Intervention's "Frequently Asked Questions Related to Virtual Early Intervention Visits During COVID-19 Declared State of Emergency, March 19, 2020" for further guidance.

Child's Name:	NYEIS Service Authorization #:			NYEIS/EI#:						
Service Type D				rization #:						
Teacher/Thera	Teacher/Therapist Discipline:			NPI#:						
Agency Name:	•	Frequency:			Intensity:					
Date of Service	Start Time End Time CPT Code				Signature of Parent/Guardian Verifying That Service Was Delivered				Date Signed	