



# C.H.T. Services, Inc.

2901 Campus Road, Brooklyn, NY 11210  
Phone: (718)874-6226 Ext. 101. Fax: (718)874-0041  
www: chtservices.com

## **Parental Consent to Use Text Messaging to Exchange Personally Identifiable Information**

Child's Name: \_\_\_\_\_ EI #: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

At your request, you have chosen to communicate personally identifiable information concerning your child's early intervention treatment by text messaging without the use of encryption. Sending personally identifiable information by text messaging 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:

- Text Messaging can be forwarded and stored in electronic and paper format easily without prior knowledge of the parent.
- Text Messaging senders can misaddress an text and personally identifiable information can be sent to incorrect recipients by mistake.
- Text Messaging sent without encryption is not secure and can be intercepted by unknown third parties.
- Text Messaging content can be changed without the knowledge of the sender or receiver.
- Backup usually stored on the computer's hard drive or on a smartphone SIM card or memory chip copies of text may still exist even after the sender and receiver have deleted the messages.

## **Parental Acknowledgement and Agreement**

I acknowledge that I have read and understand the items above which describe the inherent risks of using Text Messaging to communicate personally identifiable information. Nevertheless,

I, \_\_\_\_\_, authorize \_\_\_\_\_ whose phone # is \_\_\_\_\_ to communicate with me at my phone number, \_\_\_\_\_, 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 Text Messaging 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 Text Messaging. Early intervention team members who I give permission to use unencrypted Text Messaging to communicate with each other about my child include:

(1) \_\_\_\_\_ with the Phone #: ( ) \_\_\_\_\_

(2) \_\_\_\_\_ with the Phone #: ( ) \_\_\_\_\_

(3) \_\_\_\_\_ with the Phone #: ( ) \_\_\_\_\_

(4) \_\_\_\_\_ with the Phone #: ( ) \_\_\_\_\_

(5) \_\_\_\_\_ with the Phone #: ( ) \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_