

## Authorization to Release Information

CHILD NAME	DOB	
<b>EARLY INTERVENTION PROGRAM</b>		
PARTNER ORGANIZATION	EARLY INTERVENTION PROGRAM	
Program Name	Org Name	
Contact Person	Contact Person	
Phone	Phone	
Fax	Fax	
Email	Email	
<b>INFORMATION TO BE SHARED</b>		
<input type="checkbox"/> Developmental evaluation report <input type="checkbox"/> Medical information <input type="checkbox"/> Medical diagnosis documentation <input type="checkbox"/> Hearing or vision report <input type="checkbox"/> Hospital discharge summary <input type="checkbox"/> Two-way verbal and/or written communication	<b>Early Intervention (EI) records including:</b> <input type="checkbox"/> Eligibility report <input type="checkbox"/> Individualized Family Service Plan (IFSP) <input type="checkbox"/> Evaluation/Assessment information <input type="checkbox"/> Other (describe)	
<b>AUTHORIZATION STATEMENT</b>		
<p>I authorize the release and exchange of information between the early intervention program and partner organization named above. I understand that:</p> <ul style="list-style-type: none"> <li>All information shared will be kept confidential and will be used for planning purposes only.</li> <li>As the parent/guardian, I have the right to give or deny permission for the release of my child's information unless the release of information is allowed as an exception under Part C of the Individuals with Disabilities Education Act (IDEA) and Family Education Rights and Privacy Act (FERPA).</li> <li>If releasing information to a Local Education Agency (LEA) or public school district: This release allows the Baby Watch Early Intervention Program to inform the school district special education program about my child's participation in early intervention. It also allows the school district to inform Baby Watch Early Intervention Program regarding my child's eligibility for special education services.</li> <li>The information released will help determine my child's eligibility for services, developmental progress, and/or types and levels of services, as well as for planning and coordination of care.</li> <li>This authorization is valid for the entire time my child receives early intervention services and will expire on my child's third birthday. If my child exits before their third birthday, this authorization expires on their exit date.</li> <li>I may withdraw this authorization in writing at any time; however, withdrawal of authorization will not apply to information already shared under a previously signed authorization.</li> </ul>		
PARENT/GUARDIAN NAME	PARENT/GUARDIAN SIGNATURE	DATE
EI PROGRAM REPRESENTATIVE NAME	EI PROGRAM REPRESENTATIVE SIGNATURE	DATE