

Instructions for Completion
Parental Consent to Obtain/Release Information

This form may be used to release Early Intervention (EI) information about the child, or to obtain information from agencies/individual outside the Early Intervention Program (EIP), (for example, physician's, hospitals, and private therapists).

Note: A parent must **never** be asked to sign a blank *Parental Consent to Release/Obtain Information* form.

1. Complete the demographic information about the child at the top of the page.
2. Check whether this form is being used to either release information **or** obtain information.

Consent to Release Information must be completed at the following times:

- When a parent does not want to sign a general consent to release information for communication between EI service providers (*Consent to Release Information to Early Intervention Providers of Service*). This allows the parent to select which information can be shared between specific EI agencies/providers.
- Whenever a parent agrees to release information to a specific person, such as the child's healthcare provider.
- At each IFSP meeting, if applicable.

When a parent(s) decides to sign a selective release, each provider or individual must be specified on a separate form.

1. Check the appropriate boxes to indicate the specific information to be released.
2. Complete "A" to indicate the name and contact information of the individual/agency that the information is being released to.
3. Check the appropriate boxes at "C" to detail **the purpose of the requested information**.
4. If parental consent is for a limited period of time, specify the date by which the consent ends. If no date is specified, the consent will be valid until the next scheduled IFSP.
5. The parent/guardian/surrogate parent must sign and date this document and indicate his/her relationship to the child.

Consent to Obtain Information must be completed at any time in order to obtain information from the individual(s)/agency(ies) outside the EIP such as:

- To request an evaluation report conducted by a non-EI provider, or
 - To request medical reports
1. Check the appropriate boxes to indicate the **specific information obtained**.
 2. Complete "B" to indicate the name and contact information of the individual/agency that the information is being obtained from and the name and contact information of the individual agency that the information is being sent to.
 3. Check the appropriate boxes listed under "C" to detail the **purpose of the requested information**.
 4. If the parental consent is for a limited period of time, specify the date by which the consent ends. If no date is specified the consent will be valid until the next scheduled IFSP.
 5. The parent /guardian/surrogate parent must sign and date this document and indicate his her relationship to the child.

NOTE: A reproduced copy of this signed form is deemed to have the same force and effect as the original. The Consent to Release Information form must be signed at the initial IFSP meeting and at each Review and Annual IFSP meeting, if applicable.