



Consent for Release or Request of Information

Educational and Developmental Intervention Services EDIS
Early Intervention Services
EDIS Location:

For use of this form, see MEDCOM Reg 40-53; the proponent is MCBX-RHI

1. Child/Family Information

Child's Name:	Today's Date: MMM/DD/YYYY
Parents/Guardians:	

2. Information to be Released Requested

In order to assist in planning, assessing, and providing intervention services for your child, the following written or verbal information will be shared between the agencies listed below.

- Developmental Evaluation Individualized Family Service Plan (IFSP)
 Medical records pertaining to the following specific evaluation(s)/diagnosis: _____

 Other (specify) _____

3. Sources of Information

Name of Agency:	Name of Agency:
Attention:	Attention:
Address:	Address:
City State ZIP	City State ZIP
Phone	Phone
Email	Email

4. Parent(s) Statement

I give permission for the information listed above to be shared between the designated individuals/agencies. I know this information will be confidential and will be used for the provision of services to my child and family. I understand information received by EDIS will be added to my child's EDIS record.

I understand that:

- I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my records are kept. I am aware that if I later revoke this authorization, the person(s) named here have used and /or disclosed my protected information on the basis of this authorization.
- If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.
- I have a right to inspect and receive a copy of my own protected information to be used or disclosed, in accordance with the requirements of the federal privacy regulations found in the Privacy Act and 45 CFR 164.524.

Parent/Guardian Signature _____ Parent/Guardian Signature _____ Date: MMM/DD/YYYY _____

Consent for Release or Request of Information Instructions

In the blank space below the title of the form enter your EDIS location.

1. Child/Family Information

Child's Name: First, Middle Initial, Last

Today's Date: MMM/DD/YYYY

Parent/Guardians: First and Last names

2. Information to be Released / Requested

Check the box to indicate if your program is releasing or requesting the information indicated on this form. If information is being both released and requested, separate forms must be completed for each action. For each form, complete the address information for both the information to and information from agency.

Check the box(es) to indicate the information to be shared. Checking "Other" requires a description of the specific information to be shared (e.g., progress summaries, discharge summary, equipment requirements, discussion of child's progress with day care provider). Do not use broad statements such as "request child's cumulative file".

3. Sources of Information

Self-explanatory

4. Parent(s) Statement

If in agreement, parent/guardian signs and dates the completed form. If the parent is in disagreement with specific release or request of information, document the refusal in the child's EDIS secondary medical record.

Copy - EDIS Record