

EARLY INTERVENTION

Bureau of Early Intervention Services and Family Supports

Authorization to Release Information for Children in Early Intervention

Early Intervention provides, at no cost, services and supports to children with developmental delays or disabilities and their families. The purpose for this **voluntary** release of information form is to obtain permission to share information with community agencies who are currently, or have been in the past, involved with local Early Intervention programs.

Please read this form carefully and complete it as it applies to your child. If you need assistance, an Early Intervention program staff member will be made available to you.

Please add your initials next to the agencies with whom you are willing to share information about your child. In addition, the specific information that you are willing to provide to the agency should be entered in the appropriate column.

Early Intervention Program Name _____

Early Intervention Program Contact Name _____

Signature of Parent/Guardian _____

Mailing Address _____

Parent Email _____

Address _____

Child's Full Name _____ Child's Date of Birth _____

Initials:	Agency/Program:	Contact Person/Address:	List specific document(s) (e.g., health, evaluation, plan, eligibility page of IFSP/IEP):
	School District, specify:	_____	_____
	Hospital, specify:	_____	_____
	Primary Care Physician:	_____	_____
	Physician/Clinic, specify:	_____	_____
	Early Education/ Child Care, specify:	_____	_____
	Parent to Parent of PA:	info@parenttoparent.org	Information on this page only
	Other:	_____	_____

As the parent/guardian of the minor child, I voluntarily initialed the agencies for whom I give consent to receive information about my child. I understand that these agencies will use and keep the information about my child and family in a confidential manner.

I understand that:

- 1) I am providing my consent voluntarily and I understand the information on this form;
- 2) I have the right to withdraw my consent at any time; and
- 3) I have the right to inspect and copy the information to be shared.

Unless otherwise stated, this release is valid for one year from the date signed and the information shared by the agencies listed above will not be further re-disclosed to anyone else without written consent of the parent/guardian.

Signature of Parent/Guardian _____ Date _____
 Relationship to Child _____ Phone _____