

CONSENT TO RELEASE AND SHARE INFORMATION

I/We,

Parent/Legal Guardian Name(s)
give my/our informed consent for: EarlySteps, Louisiana's Early Intervention Services System to communicate and share information, in writing and conversation with:

Name

Agency (if applicable)

Street Address/Post Office

City/State

Zip

Regarding:

Child's Legal Name

DOB:

Street Address/Post Office

City/Town

State

Zip

Telephone

For the purpose of: (as checked)

_____ Access to the early intervention record (including obtaining copies required to determine eligibility), participate in service planning, and/or provide early intervention services as defined in the Individualized Family Service Plan (IFSP).

_____ CDA: Reason for referral/area of concern:

Suspected medical condition associated with developmental disability or developmental delay

Suspected developmental delay in at least one area of development:

Physical, including vision and hearing Communication Social-emotional Adaptive (self-help) Cognitive

_____ Access to Health Summary information from Physician

_____ Send information back to the agency/person who referred my child to EarlySteps

_____ Obtaining written specialty reports, including assessments

_____ Obtaining a copy of the Individualized Family Service Plan (IFSP)

_____ Obtaining progress reports

_____ Obtaining correspondence and other communications regarding eligibility and/or the provision of early intervention services

_____ Referral to and Eligibility determination by OCDD/HSA/D

_____ Referral to and Eligibility determination by the local education agency (LEA)

_____ Contact by the Community Outreach Specialist to discuss involvement in EarlySteps system

_____ Inclusion in mailings by the Community Outreach Specialist

_____ Contact by Families Helping Families

_____ Participate in Transition Meeting

_____ PPEP LA-HEAR Coordinator

_____ Other: _____

I have read and understand the conditions of this release. This consent is valid for one year (12 months) unless I revoke it before the end of the year.

Signature (Parent/Legal Guardian/Educational Surrogate)

Date

Form used for: Obtaining & Sharing information (see list on form)
PARENT MUST BE GIVEN A COPY OF THIS FORM

EARLYSTEPS OF LOUISIANA
CONSENT TO RELEASE AND SHARE INFORMATION

*PLEASE READ THIS CAREFULLY BEFORE SIGNING.
IF YOU HAVE QUESTIONS, PLEASE ASK YOUR INTAKE OR FAMILY SUPPORT
COORDINATOR.*

The purpose of this release is to collect information necessary to determine my child's eligibility for the program listed above, and to plan and provide essential and necessary services as determined through the IFSP process. I hereby authorize the provider named on the reverse side of this form to release to the staff of EarlySteps, Louisiana's Early Intervention System, upon presentation of this form, any records or information pertinent to the development and implementation of a plan for service to meet the developmental needs for the child named on this release.

I also give consent for the release of information by the EarlySteps system to other individuals where an informed, written consent has been obtained from me; and to ensure ongoing service delivery in accordance with the IFSP through routine communications including report distribution, participation in IFSP meetings, and planning and review activities.

I understand that this consent includes the sharing of information as authorized above in written, verbal and/or video format. This consent is effective for a period up to twelve (12) months from the date of my signature on this release. As the parent/legal guardian or EarlySteps Surrogate Parent, I understand that I may revise or revoke this release of information/consent to communicate at any point in time through the Intake/Family Support Coordinator indicated on the current IFSP.

The information collected as a result of this consent shall be maintained in my child's record, which will be located at the System Point of Entry for Early Steps, Louisiana's Early Intervention System. This record is subject to the provisions of the Family Educational Rights and Privacy Act (FERPA) and, as such, is available for my review and may be reproduced or corrected upon my request. All personal information collected will be treated as confidential.

Form used for: Obtaining & Sharing information (see list on form)
PARENT MUST BE GIVEN A COPY OF THIS FORM