



## Consent to Release or Share Information

Child's Name: _____	Date of Birth: _____	Early Track ID: _____
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I, \_\_\_\_\_, the parent/guardian and legal custodian of \_\_\_\_\_, born on \_\_\_\_\_, do hereby give contractors within the Ohio Help Me Grow program and the indicated agencies below permission to share confidential Ohio Help Me Grow records initialed below for the purpose of serving my child and family in Help Me Grow.

<b>The following information may be released or shared:</b>	<b>With any of the following limitations (N/A) if none:</b>
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<input type="checkbox"/> Medical Records, incl. immunization records, medical, hospital, discharge summaries, vision/hearing/nutrition status	
<input type="checkbox"/> Diagnosed physical or mental condition/statement of nature and severity of disability	
<input type="checkbox"/> IFSPs or Family Plans (to include all reviews)	
<input type="checkbox"/> Therapy records, evaluation, goals	
<input type="checkbox"/> Developmental assessments, screenings and summaries	
<input type="checkbox"/> Social security number/case number	
<input type="checkbox"/> Medicaid number	
<input type="checkbox"/> Other (specify)	

<b>Information may be shared with the following individuals, agencies, or service providers.</b>	<b>With any of the following limitations (fill in N/A if none).</b>
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The Health Insurance Portability and Accountability Act (HIPAA), Family Education Rights and Privacy Act (FERPA) and all personally identifiable information regarding children and families receiving Ohio Help Me Grow services is protected from unauthorized disclosure under FERPA. Personally identifiable information protected by FERPA is specifically exempted from HIPAA privacy standards. FERPA prevents the disclosure of personally identifiable information without parental consent except in limited circumstances, requires notice to be provided to the child's family regarding their privacy rights, requires providers to keep records of access to child's records and contains complaints and appeal procedures which apply to disputes over records in possession of Ohio Help Me Grow providers among other provisions. All Ohio Help Me Grow providers shall comply with these procedures.

This consent expires on my child's third birthday, unless consent is revoked in writing by me or when my child no longer receives Ohio Help Me Grow services. By signing below, I certify that I have authority to the above release of information and I have given my consent to share this information voluntarily and that I understand what signing this form means.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_