



NYC EARLY INTERVENTION PROGRAM
CONSENT TO RELEASE/OBTAIN INFORMATION

Child's Name: EI #: DOB:
Address: Apt #:
City/Borough: State: New York Zip Code:

I, (Parent/Guardian's Full Name), seek services for my child from the NYC Early Intervention Program. I understand that the providers (including evaluators, service providers and service coordinators) offering Early Intervention (EI) services to my child and family may need to exchange information to develop and carry out the Individualized Family Service Plan (IFSP).

(Check ONLY one)

I authorize for the information below to be released I authorize for the information below to be obtained

Specific information to be released/obtained:

EI Medical Form Multidisciplinary Evaluation Supplemental Evaluation(s) Specify:
Individualized Family Service Plan Provider Progress Notes
Session Notes Other:

I authorize for the information to be (check/complete either A, B, or C):

A. Released to all EI providers providing evaluation, service coordination, or services to my child and family

B. Released to the Individual/Agency below:

Form for B: (Name/ Organization) (Street Address, Borough/City, Zip Code)
(Telephone Number) (Fax Number)

C. Obtained from the Individual/Agency below:

Form for C: (Name/ Organization) (Street Address, Borough/City, Zip Code)
(Telephone Number) (Fax Number)

The information will be sent to:

Form for D: (Name/ Organization) (Street Address, Borough/City, Zip Code)
(Telephone Number) (Fax Number)

D. The purpose of the requested information is to: (check all that apply)

- Establish Early Intervention eligibility
Develop an Individualized Family Service Plan
Start, coordinate and monitor Early Intervention services
Inform the child's physician about my child's services and
Other:

I understand that this release can be withdrawn at any time upon written notice to my Service Coordinator. This release ends on the date of my next scheduled IFSP (or, if sooner, specify date).

Signed: Date: / /
Relationship to Child:

**INSTRUCTIONS FOR COMPLETION
CONSENT TO RELEASE/OBTAIN INFORMATION**

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

***NOTE:** A parent must never be asked to sign a blank **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** to obtain information.
3. If both releasing and obtaining information is needed, complete more than one form.

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

- After referral, at the Initial Service Coordinator (ISC)'s first visit;
- At the Interim Individualized Family Service Plan (IFSP), if there is one;
- At the Initial IFSP;
- At each subsequent Annual and Review IFSP;
- Whenever a parent agrees to release information to a specific person, such as the child's health care provider.

NOTE: The parent must be given a choice of signing a general release ("A") or a selective release ("B"). If the parent decides to sign a selective release, each provider or individual must be specified on a separate form.

- a. Check the appropriate box(s) to indicate the **specific information to be released**.
 - b. Complete "A" to indicate the parent's **general** consent to release information to Early Intervention evaluation, service coordination, or services providers.
- OR
- c. Complete "B" to indicate the name and contact information of the individual/agency that the information is being released to.
 - d. Check the appropriate box(s) at "D" to detail **the purpose of the requested information**.
 - e. 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.
 - f. The parent/guardian/surrogate parent must sign and date this document and indicate their relationship to the child.

Consent to Obtain Information must be completed at any time in order to obtain information from individuals/agencies outside the EIP **such as:**

- To request an evaluation report conducted by a non-EI provider; or
 - To request medical reports.
- a. Check the appropriate box(s) to indicate the **Specific information to be obtained**.
 - b. Complete "C" 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.
 - c. Check the appropriate box(s) listed under "D" to detail **the purpose of the requested information**.
 - d. 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.
 - e. The parent/guardian/surrogate parent must sign and date this document and indicate their relationship to the child

NOTE: A reproduced copy of this signed form is deemed to have the same force and effect as the original.