



This form meets all applicable regulations for the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA).

CONSENT TO RELEASE AND SHARE INFORMATION

I/We, _____
(Parent/Legal Guardian Name(s))

give my/our informed consent for: Strong Start, the District of Columbia's Early Intervention Program to communicate and share information, in writing and conversation with:

Name of the Requesting Individual: _____

Agency (if applicable): _____

Fax Number: _____

Contact Number: _____

Email Address: _____

REGARDING THE CHILD BELOW

Child's Legal Name: _____

Child's Date of Birth: _____

Child's Address: _____

Contact Number: _____

For the purpose of Accessing Early Intervention Record information/documents: (as checked)

<input type="checkbox"/>	Referral status/ Feedback form	<input type="checkbox"/>	Referral documentation
<input type="checkbox"/>	Evaluation report(s)	<input type="checkbox"/>	Case notes
<input type="checkbox"/>	Assessment report(s)	<input type="checkbox"/>	Health information included in the early intervention record
<input type="checkbox"/>	Eligibility form(s)	<input type="checkbox"/>	Other:
<input type="checkbox"/>	IFSP(s)	<input type="checkbox"/>	
<input type="checkbox"/>	Therapy note(s)		

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. Consent cannot be revoked retroactively.

Signature (Parent/Legal Guardian/Educational Surrogate)

Date

PARENT MUST BE GIVEN A COPY OF THIS FORM

**STRONG START DISTRICT OF COLUMBIA
CONSENT TO RELEASE AND SHARE INFORMATION**

PLEASE READ THIS CAREFULLY BEFORE SIGNING.

IF YOU HAVE QUESTIONS, PLEASE ASK YOUR INITIAL OR DEDICATED SERVICE COORDINATOR.

The purpose of this release is to collect information gathered in my child's early intervention record for the program listed above. I hereby authorize Strong Start to release the checked information, to the requesting individual/agency, upon presentation of this completed and signed form.

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 Strong Start Surrogate Parent, I understand that I may revise or revoke this release of information/consent to communicate at any point in time. I also understand that this consent cannot be revoked retroactively.

The information collected as a result of this consent shall be maintained in my child's early intervention record. 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.

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