



WV Birth to Three  
Office of Maternal, Child and Family Health  
Bureau of Public Health  
West Virginia Department of Health

Child Last Name: \_\_\_\_\_  
Child First Name: \_\_\_\_\_ MI  
DOB: \_\_\_\_\_ ID#: \_\_\_\_\_  
FOLDER: \_\_\_\_\_ Date: \_\_\_\_\_

**TITLE:** \_\_\_\_\_

Part C early intervention, under the Individuals with Disabilities Education Act (IDEA) requires WV Birth to Three to obtain informed written consent prior to the exchange of any personally identifiable information.

Individual Name: \_\_\_\_\_  
Agency Name (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax or Email: \_\_\_\_\_

Please accept this consent to furnish confidential information to WV Birth to Three about the services and/or treatment rendered to:

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Purpose for request of information:

- To assist in eligibility determination
- To assist in Individualized Family Service Plan development
- Other:

Extent of material requested:

Physician Healthcare Summary Form  
Other: (Be specific)

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date of written consent: \_\_\_\_\_ Date consent expires: \_\_\_\_\_

**Please mail the requested information to the Regional Administrative Unit:**

Regional Administrative Unit (RAU): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Service Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

This authorization will be valid for one year unless otherwise specified. Authorization may be revoked at any time upon the written request of the family or legal guardian except to the extent that information has already been supplied under this authorization. All rights are protected under the Health Insurance Portability and Accountability Act (HIPAA), the Family Educational Rights and Privacy Act (FERPA), and the Individuals with Disabilities Education Act (IDEA). Once health information is admitted as a part of the educational record, the information is covered by FERPA.