



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 unless release of records is allowed under one of the exceptions under the rules in Part C of the (IDEA) and the Family Education Rights and Privacy Act (FERPA).

By signature below, WV Birth to Three (including participating representatives) has been authorized by the parent/legal guardian of:

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

to release and share confidential information (via written, oral, or secure electronic communication) regarding the above-named child to:

Individual/Agency Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax or Email Address: \_\_\_\_\_

The purpose of this release is:

- |   |  |
|---|--|
| <input type="checkbox"/> Coordinating services              | <input type="checkbox"/> Sharing status of referral                          |
| <input type="checkbox"/> Sharing information about progress | <input type="checkbox"/> Coordinating care with child's health care provider |
| <input type="checkbox"/> Planning for transition            | <input type="checkbox"/> Other: _____  |

Extent of material to be released:

- |  |   |
|--|---|
| <input type="checkbox"/> Status of child's eligibility and services  | <input type="checkbox"/> Most <i>current</i> Individualized Family Service Plan |
| <input type="checkbox"/> Most <i>current</i> Evaluation/Assessment Reports                                 | <input type="checkbox"/> All Individualized Family Service Plans                |
| <input type="checkbox"/> All Evaluation/Assessment Reports   |   |
| <input type="checkbox"/> Intervention and Service Coordination Activity Notes – Specify Time Period: _____ |   |
| <input type="checkbox"/> Other (must be specific): _____   |   |
| <input type="checkbox"/> List any specific information that the parent does not want to be released:       |   |

I have read and understand the conditions of this release. I understand I have agreed to disclose the information only to the person or program listed above and the person/program may not disclose it to anyone else without my written prior consent.

**SENSITIVE INFORMATION:** I understand that if the information in my record includes information relating to sexually transmitted diseases. Acquired Immunodeficiency Syndrome (AIDS); infection with the Human Immunodeficiency Virus (HIV); behavioral or mental health services; or treatment for alcohol and drug abuse, I must indicate any specific information not to be released, or the information checked above will be released with my consent below.

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

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

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

WVBTT Regional Administrative Unit (RAU) to receive this request for release of the child's educational record:

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

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

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

Email: \_\_\_\_\_

Name and Contact Information of Service Coordinator or other person assisting the parent to complete this form:

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

This consent will be valid for one year only. Consent 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 Family Educational Rights and Privacy Act (FERPA) and the Individuals with Disabilities Act (IDEA).

**REDISCLASURE PROHIBITED:** This information has been disclosed to you from records whose confidentiality is protected by Federal law that prohibits you from making any further disclosures of it without specific written consent of the person to whom it pertains, their parents/guardians or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for the release of these educational records.