



AUTHORIZATION TO OBTAIN MEDICAL INFORMATION

The Individuals with Disabilities Education Act (IDEA) requires WV Birth to Three to obtain pertinent medical information to assist in eligibility determination and service planning.

Individual Name: _____
 Agency Name (if applicable): _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____

Please accept this authorization to provide information to WV Birth to Three for services and/or treatment rendered to:

Child's Name: _____ DOB: _____

Purpose for request of information:

- To assist in determining if the child meets the eligibility definition for developmental delay
- To assist in Individualized Family Service Plan (IFSP) development
- Other: _____

Extent of material requested:

- Written confirmation of the child's medical diagnosis/diagnoses and/or condition and how any diagnosis may be impacting the child's development
- Health and Physical Summary (including pertinent medical history, current health status, vision, hearing, developmental screens)
- Other (Be specific): _____

Please mail the requested information to the Regional Administrative Unit:

Regional Administrative Unit (RAU): _____
 Address: _____ City: _____ Zip: _____
 Phone Number: _____ Fax Number: _____

Printed Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____

Date of written consent: _____ Date consent expires: _____

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 medical records are admitted as a part of the educational record, the information is covered by FERPA.