



### 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: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_

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 and/or condition and how that 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): \_\_\_\_\_

Name of WV Birth to Three Service Coordinator requesting information: \_\_\_\_\_

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

Signature of parent or legal guardian: \_\_\_\_\_

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

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.