

## **WV BIRTH TO THREE**

Office of Maternal, Child and Family Health  
Bureau for Public Health  
Department of Health and Human Resources

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### **Instructions: Authorization to Obtain Medical Information**

**Purpose:** Part C early intervention, under the Individuals with Disabilities Education Improvement Act (IDEA), requires WV Birth to Three to have the parent's informed written consent to obtain pertinent medical information from the child's primary or other health care providers as part of the eligibility determination process and when planning for appropriate early intervention services.

**Legal Basis:** Individuals with Disabilities Education Improvement Act (IDEA 2004) and the Family Educational Rights and Privacy Act (FERPA).

#### **Completing the Form:** Authorization to Obtain Medical Information

Federal law requires the multi-disciplinary evaluation/assessment team to review pertinent health records as part of the eligibility determination process. Documentation from the health care provider is also needed to verify established conditions or biological risk factors and to plan for appropriate interventions to meet the unique needs of the child. The Interim and/or On-going Service Coordinator is responsible for requesting the family's written permission on the Authorization to Obtain Medical Information form to obtain information regarding the child's current health status and medical history. Once received, copies of pertinent health or medical information should be forwarded to the multi-disciplinary evaluation/assessment or IFSP team members. Service Coordinators should inform families that once the medical information is received by the individual to whom the request has been granted, the information then becomes protected under FERPA.

**Filling in the blanks:** The Authorization to Obtain Medical Information form is valid for one year from the date of the parent or legal guardian's signature. The original signed Authorization to Obtain Medical Information form must be forwarded with the request. A copy of the signed form goes to the RAU within 5 calendar days of signature for filing in the early intervention record. 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.

Individual Name: Enter the full name of the individual to whom the family is giving permission to obtain information from.

Agency Name (if applicable): Enter the name of the agency of the individual to whom the family is giving permission to obtain information from.

Address: Enter the address where the individual can be reached.

Phone Number: Enter the phone number where the individual can be reached.

Child's Name: Enter first (not nickname), middle and last name.

Date of Birth: Enter the child's numerical date of birth, (month/day/year).

Purpose for request of information: Enter an X next to all the reasons the information is being requested.

- 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: Enter an X next to all information being 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 and developmental screens)
- Other: Be Specific: For example: "Discharge Summary from NICU", "Evaluation findings from audiological assessment", "Developmental screening results".

Name of WV Birth to Three Interim or On-going Service Coordinator releasing information: Enter the full name of the Service Coordinator who is requesting the information.

Address: Enter the address for the Service Coordinator who is requesting the information.

Phone Number and Fax Number: Enter the phone and fax number for the Service Coordinator who is requesting the information.

Signature of parent/legal guardian: Parent or legal guardian must sign completed form. Never have a family sign an incomplete form.

Date of written request: Parent or legal guardian must enter the date that they are providing written consent, (month/day/year).

Date consent expires: Enter the date for one year from the date the form is signed by the family.

Witness: Enter the Service Coordinator's signature and date that the form was signed.