NYC EARLY INTERVENTION PROGRAM
CONSENT TO RELEASE/OBTAIN INFORMATION

Child's Name:_____ EI #:_____ DOB:___/___/___

Address: _____ Apt #:_____

City/Town: _____ State: New York   Zip Code:_____

I, (Parent/Guardian's Full Name)_____, seek services for my child from the NYC Early Intervention Program. I understand that the providers (including evaluators, service providers and service coordinators) offering Early Intervention (EI) services to my child and family may need to exchange information to develop and carry out the Individualized Family Service Plan (IFSP).

(Check one)

☐ I authorize for the information below to be released   ☐ I authorize for the information below to be obtained

Specific information to be released/obtained:

☐ *EI Medical Form* ☐ *Multidisciplinary Evaluation* ☐ *Supplemental Evaluation(s) Specify: _____*

_____ ☐ *Individualized Family Service Plan* ☐ *Provider Progress Notes*

☐ *Session Notes* ☐ *Other:_____*

I authorize for the information to be (**check/complete either A, B, or C**):

A. ☐ Released to all EI providers providing evaluation, service coordination, or services to my child and family

B. Released to the Individual/Agency below:

_____ _____
(Name/ Organization)   (Street Address, Borough/City, Zip Code)

(____)_____   (____)_____
(Telephone Number)   (Fax Number)

C. Obtained from the Individual/Agency below:

_____ _____
(Name/ Organization)   (Street Address, Borough/City, Zip Code)

(____)_____   (____)_____
(Telephone Number)   (Fax Number)

The information will be sent to:

_____ _____
(Name/ Organization)   (Street Address, Borough/City, Zip Code)

(____)_____   (____)_____
(Telephone Number)   (Fax Number)

D. The purpose of the requested information is to: (check all that apply)

☐ Establish Early Intervention eligibility
☐ Develop an Individualized Family Service Plan
☐ Start, coordinate and monitor Early Intervention services
☐ Inform the child's physician about my child's services and
☐ Other:_____

I understand that this release can be withdrawn at any time upon written notice to my Service Coordinator.
This release ends on the date of my next scheduled IFSP (or, if sooner, specify date _____/_____/_____).

Signed: _____ Date: ____/____/____
Relationship to Child: _____

NOTE: A reproduced copy of this signed form is deemed to have the same force and effect as the original. A new Consent to Release Information form must be signed at the initial IFSP meeting and at each IFSP review and annual meeting. Blank consent forms should never be signed by the parent.
Consent to Release/Obtain Information Revised 12/10