Form EI-06

oday's date	Child's name	Child's DOB	ETID number

Consent for Release or Exchange of Information

You, the parent, have access to any part of your child's Early Intervention (EI) record. An EI record means all records regarding your child that are collected, maintained, or used under the federal law, Part C of the Individuals with Disabilities Education Act.

Except for your child's name, date of birth and your contact information which is shared with your school district, your El information cannot be shared with any person or agency outside of the El system without your permission. With your permission, information may be shared orally or in writing. You may decide what information you want to share or do not want to share. A copy of this form will be released to the agency or person when you give permission to release or exchange information. Parent consent is not needed for certain limited reasons. Please refer to your Parent Rights Brochure for those reasons.

I give consent for Ohio Early Intervention to release or exchange with

Name and/or agency:

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The p

Contact information (if available):

the following information about my child/me:

	Individualized Family Service Plan (IFSP)			Results of eligibility determination		
	El case notes			The entire El record		
	Other (specify)					
sing the following methods:						
	phone/text/video	in person	email/fax/o	digital upload	paper records	
urpose of the release or exchange of information is to assist with:						
	Eligibility determination for Ohio El			Transition from El to preschool or other community programs		
Development of the IFSP				The child's services and progress		

Other (specify)

If applicable, describe any limitations in the release or exchange of information:

This consent is valid:

Until my child's third birthday on

to

From

My Service Coordinator or El provider has informed me of all information related to release or exchange of information and explained my parent rights, including giving consent. I have a copy of the Ohio Early Intervention (El) Parent Rights brochure (<u>ohioearlyintervention.org/printed-materials</u>). I understand I have dispute resolution options if I have an El complaint. I understand and agree to the release or exchange of my child's information. I understand that even though I agree to the exchange of information, other non-early intervention agencies may require their own forms for release of information.

Parent Name(s)

Parent Signature(s)

Date

If this form is completed by a person other than the El Service Coordinator, the El provider must send a copy to the El

Service Coordinator within five calendar days of signed consent.

