

RELEASE OF INFORMATION
BPS/BECEP Early Intervention Program
806 N. Washington, Bismarck ND 58501

I hereby authorize the mutual exchange of information regarding:

Child: _____

DOB: _____

Address: _____

Date: _____

This information will be shared between the Bismarck Public Schools Early Intervention program and:

(Person or Agency)

(Address)

A. BPS Early Intervention requests the following information:
___ *Evaluations/Assessments: Please Specify-
___ *Medical Reports: Please Specify-
___ *Progress Notes: Please Specify-
___ *Other: Please Specify-

*Notice: Unless otherwise noted, this information will be used for Early Intervention purposes, including eligibility determinations, and/or development and implementation of services/strategies, and will be placed in the child's Early Intervention file. (Other uses are documented here: _____)

B. The following information is requested from BPS Early Intervention:	<i>For BPS EI Office Use Only</i>
___ *(Most recent) Individualized Family Service Plan (IFSP)	
___ *(Most recent) Evaluations/Assessments	
___ * Home Visit Recording Sheet(s), (date range _____ to _____)	
___ *Other: Please Specify-	

*Please document the intended purpose for requesting these records. (Notice: Request shall not be fulfilled if this section is blank):

Please forward requested information to: _____

Attn: _____

This consent for the mutual exchange of information will remain in effect until the day before the child's 3rd birthday: _____ unless the child exits the Early Intervention program, or this consent is specifically revoked by written notice to the entity sending the records. Any information disclosed prior to written revocation of this consent shall not be a breach of confidentiality. This consent will allow the above parties to exchange information related to the records above through US mail and verbal conversation. **I also consent to exchanging this information through fax or email unless this box is checked:** (I understand that fax and email transmissions may not be secure).

I **CONSENT** to the exchange of information described above:

(Signature of Parent)

(Printed Name of Parent)

(Date)

If the early intervention records are improperly redisclosed, the BPS Early Intervention program may decline to provide early intervention records in the future and the US Department of Education may prohibit the future redisclosure of records.