



Norman County IEIC Release of Information

I wish to refer my child _____ to the Norman County Early Intervention Program.

I give permission to the Norman County Early Intervention Program, which consists of a representative of my local school district as well as representatives of the agencies listed below, to share and/or obtain additional information about my child for the purpose of determining what services are most appropriate, assist in developing a treatment and service plan, or determine if additional evaluation is needed for my child.

Ada/Borup Schools
Tri-Valley Head Start
Norman County Social Services

Norman County West Schools
Norman Norman/Mahnomen Public Health

Norman County East Schools
Northwestern Mental Health Center
Area Special Education Cooperative

I give permission to the team to give verbal and written information to, to receive information from, and to exchange information with other members of the team as follows: (Please check)

- | | |
|--|---|
| <input type="checkbox"/> Diagnostic Information | <input type="checkbox"/> Psychological Information |
| <input type="checkbox"/> Educational Information | <input type="checkbox"/> Social History Information |
| <input type="checkbox"/> Medical Information | <input type="checkbox"/> Financial Information |

This release is good for one year from date permission given unless revoked in writing. I understand that:

- the laws that protect the information identified on this release, in some situations, may allow or require this entity to re-disclose this information, but only as permitted by law Health Insurance Portability and Accountability Act [HIPAA], Family Educational Rights and Privacy Act [FERPA], Minnesota Government Data Practices Act [MGDPA or Chapter 13]),
- a copy of this release form is as valid as an original

Parent/Guardian Signature

Date

No, I do not wish to be referred to the Norman County Early Intervention Program.

I have been informed of services available through Norman County Early Intervention Program and I do not wish to participate at this time. I will contact the Family Services Specialist at my school district if I choose to participate at a later date. I understand that:

- I may refuse to sign this authorization and it will not affect my child's ability to receive an educational evaluation or services.

Parent/Guardian Signature

Date