

NYC EARLY INTERVENTION PROGRAM

PARENTAL CONSENT TO INITIATE SERVICE COORDINATION

Child's EI ID No.: _____ Child's DOB: ____/____/____

Child's Name: _____
Last First

I have been informed by the Early Intervention Service Coordinator (ISC) of the various programs and services the Early Intervention Program (EIP) can provide to my child. I have also been informed that in order to provide such services it will be necessary for the Program to coordinate and exchange information with other appropriate service providers.

☐ I consent to the planning and coordination of services for my child.

Signature of Parent/Guardian Date: ____/____/____

Signature of Initial Service Coordinator Date: ____/____/____

Service Coordinator ID Number

- ☐ I give permission for my child's service coordinator to send a copy of the following to his/her physician(s): ☐ initial IFSP.
- ☐ I do not give permission for my child's service coordinator to send a copy of the following to his/her physician(s): ☐ initial IFSP.

Service Coordinator Must Complete:

Date ISC agency received assignment from Regional Office: ____/____/____

Date ISC provided parent(s) the EIP Parent's Guide or directed parent to Guide on SDOH website: ____/____/____

Date ISC reviewed "Your Parent's Rights in the EI Program": ____/____/____

Date ISC reviewed list of evaluation sites and discussed choice of evaluation site with parent: ____/____/____

Name of evaluation site selected by parent: _____

Date referral made to evaluation site: ____/____/____

Note:

- **ISC must ensure that a copy of the Parent's Guide is sent to the family within seven (7) business days of referral.**
- **If parental consent is obtained, a copy of the IFSP should be sent by the ISC upon its completion.**

**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:

<p>_____ (Name/ Organization)</p>	<p>_____ (Street Address, Borough/City, Zip Code)</p>
<p>(_____) _____ (Telephone Number)</p>	<p>(_____) _____ (Fax Number)</p>

C. Obtained from the Individual/Agency below:

<p>_____ (Name/ Organization)</p>	<p>_____ (Street Address, Borough/City, Zip Code)</p>
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The information will be sent to:

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

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