Sacramento City Unified School District SPECIAL EDUCATION LOCAL PLAN AREA

Written Notice of Proposed Use of Public Benefits Release/Exchange of Information

Student_____ Date of Birth_____

This Written Notice is given to Parent ("You") by School District ("LEA")

LEA is required to provide your child with special needs a free, appropriate public education (FAPE).

With your consent, LEA may use your child's public benefits to help pay for his/her special educational services.

With your consent, LEA may disclose to its billing agent, the California Medi-Cal program, the following information about your child FOR THE SOLE PURPOSE of processing claims for reimbursement: name, birth date, gender and special education service (including the type, date, number of service(s) and the name of the service provider).

You MAY:

- refuse to sign the consent form (and LEA is still required to provide special education services to your child at no cost to you).
- withdraw your consent to allow LEA to bill your public benefits at any time (however that will not negate prior billings so your withdrawal is not retroactive).
- withdraw your consent to allow LEA to release/exchange personally identifiable information

LEA MAY *NOT:*

- require you to sign up for or enroll in public benefits in order for your child to receive FAPE.
- require you to incur an out-of-pocket expense such as a deductible or co-pay.
- Use your child's benefits if that would:
    - decrease available lifetime coverage or any other insured benefit,
    - result in the family paying for services that would otherwise be covered by the public benefits that are required for the child outside of the time the child is in school,
    - increase premiums or lead to the discontinuation of benefits or insurance, OR
    - risk loss of eligibility for home and community-based waivers, based on aggregate health-related expenditures.

__ I consent to allow LEA to bill Medi-Cal and allow LEA to release/exchange personally identifiable information for the purpose of making a claim.

__ I understand that I was provided written notification of protections available to me when LEA requests to access Medi-cal benefits but I do not consent to allow LEA to bill Medi-Cal and allow LEA to release/exchange personally identifiable information for the purpose of making a claim.

_____ _____

Parent/Guardian/adult Student Date