

# Form EI-06

Today's date \_\_\_\_\_

Child's name \_\_\_\_\_

Child's DOB \_\_\_\_\_

Parent name(s) \_\_\_\_\_

EIDS number \_\_\_\_\_

### Service coordinator use only

Date received from other EI qualified personnel, if applicable

## Consent for Release of Records and Consent for Release and/or Exchange of Information

As a parent, you have the right to give permission or not give permission for the release of your child's Early Intervention (EI) records to other persons or agencies who are not part of the EI system. A copy of this form will be released to the agencies or persons when you give permission to release records. If you do not want these agencies or persons to be aware of your permissions for other agencies, please request the use of multiple release of record forms. As a parent, you have access to any part of your child's 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.

### Consent for Release of Records

I give consent for the following EI records to be released

Individualized Family Service Plan (IFSP)

Progress notes

Results of evaluation/assessments

Other (specify) \_\_\_\_\_

To the following agencies or persons

Purpose of the release of records

This consent is valid

Until my child's third birthday on

For one year. Specify end date

From  to

My service coordinator or EI provider has informed me of all information related to release of records and explained my parent rights, including giving consent. I have a copy of the Ohio Early Intervention (EI) Parent Rights brochure. I understand I have dispute resolution options if I have an EI complaint. I understand and agree to the release of my child's records

Parent name(s) \_\_\_\_\_

Parent signature(s) \_\_\_\_\_

Date \_\_\_\_\_



Department of  
Developmental Disabilities

An Equal Opportunity Employer and Provider of Services  
October 2018



Today's date \_\_\_\_\_ Child's name \_\_\_\_\_ Child's DOB \_\_\_\_\_

Parent name(s) \_\_\_\_\_ EIDS number \_\_\_\_\_

<b>Service coordinator use only</b> Date received from other EI qualified personnel, if applicable <input type="text"/>
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### Consent for Release and/or Exchange of Information

I give consent for the release and/or exchange of the following information orally, in writing, or electronically

Between Early Intervention and the following agencies or persons

Purpose of the release or exchange of information

This consent is valid

Until my child's third birthday on

For one year. Specify end date

From  to

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I have been fully informed of all information related the release of my child's early intervention records. I have a copy of the Ohio Early Intervention Parent Rights brochure and understand my rights for giving consent. I understand that I have dispute resolution options if I have an Early Intervention complaint.

\_\_\_\_\_  
Parent name(s)

\_\_\_\_\_  
Parent signature(s)

\_\_\_\_\_  
Date