



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 SPECIAL EDUCATION – FIRST STEPS
RELEASE OF INFORMATION



I understand that many agencies provide a variety of services and benefits. Each agency must have specific information in order to provide these services and benefits. By signing this form, I am allowing the named agencies to exchange specific information to effectively provide or coordinate services and benefits.

A. I, _____ give my informed consent for
 (Parent/Legal Guardian Name)
 information regarding: _____ / _____ to be *either*:
 (Child's Legal Name) (D.O.B.)

B. Mutually exchanged/shared between the agencies in the box below:

_____ (individual/Agency Name)	AND	_____ (Individual/Agency Name)
_____ (Address/Phone Number)		_____ (Address/Phone Number)

OR

C. Only released from :

to:

_____ (Individual/Agency Name)
_____ (Address/Phone Number)

_____ (Individual/Agency Name)
_____ (Address/Phone Number)

D. The purpose of the requested information is to:

- Assist First Steps to determine eligibility
- Ensure the development of an Individualized Family Service Plan (IFSP)
- Inform the child's physician about his/her services and progress in First Steps
- Assist the local school district in determining eligibility for Early Childhood Special Education (ECSE)
- Promote a smooth transition from First Steps
- Other: _____

E. This consent includes the following types of information: (as checked)

- The child's entire early intervention record
- Any and all health/medical/dental records
- The child's IFSP
- All assessment/evaluation records/reports (within the last year)
- All provider progress notes (within the last year)
- Documentation of services provided
- Documentation of ECSE eligibility
- Other: _____

I understand:

- Any records sent to the First Steps Program will be subject to re-disclosure as required by the Family Educational Rights and Privacy Act (FERPA).
<http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>
- I have the right to inspect and copy the information to be shared.
- That eligibility is based on my child's individual development and one way to evaluate that is medical records. If I do not give my consent to share medical information, First Steps will determine eligibility and services based on the available information.
- Treatment, payment, enrollment or eligibility for benefits may not be conditioned on whether I sign the authorization.
- I am providing my consent voluntarily and I understand the information on this form.
- I have a right to revoke this authorization at any time. I understand that if I revoke authorization, I must do so **in writing** and present my written revocation to the Service Coordinator. I further understand that actions already taken based on this authorization, prior to revocation, will **not** be affected.
- This release of information will remain in effect until my child is no longer receiving First Steps services unless I specify an expiration date.

F. Indicate here if the parent wishes to specify an expiration date prior to or after the date the child's First Steps services end. _____

(Expiration Date)

G. _____
Signature (Parent/Legal Guardian) Date

If authorization is signed by a personal representative of the individual, please include a description of authority on the child's behalf and attach a copy of the document granting authority.

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