

Consent to Access Information

Student Name: _____ Birth Date: _____

School District: _____

By signing this Release form, you allow your child's school, along with the Division of TennCare, your child's health care providers, and your child's TennCare managed care organization to release documents to each other containing educational records about your child. The following records may be disclosed:

1. Your child's Individualized Education Program (IEP), Individual Health Plan (IHP), and/or Individualized Family Service Plan (IFSP);
2. Medical and behavioral health records, including this type of information that is contained in your child's educational records; and
3. Education reports, records, or relevant special education evaluation results contained in your child's educational records

The purpose for allowing these records to be shared is so that the people providing health care related services can talk with your child's school about your child and those services. In addition, allowing these records to be shared also allows your child's school to verify whether your child is on TennCare so that the school can receive reimbursement for eligible school-based health services under the Individuals with Disabilities Education Act.

If you sign this release form, you will be giving consent for the records listed above to be released to the local education agency (school district), their billing agent(s), the insured's physician(s), and TennCare representatives as needed.

Note: You are not required to sign this Release form in order for your child to receive services in their IEP, IHP, or IFSP. Those services will still be provided to your child at no cost to you. If you do sign the Release form, you have the right to later withdraw or revoke your consent at any time by sending a letter to the Director of Special Education in your child's school system. Revoking your consent does not change the school district's responsibility to provide required services to your child at no cost to you.

By signing this form, you are indicating the following:

- ✓ I have received a copy of the Notice of Access to Information.
- ✓ I understand and agree that _____ (name of school district) may access my child's public benefits or insurance information in order to seek reimbursement for services rendered as listed in the IEP, IHP, or IFSP.
- ✓ I understand and agree that the records and information listed above may be released for the purposes described in this release to the people or organizations identified above.
- ✓ I understand that this release will be valid for as long as my child receives qualifying services or until I revoke my consent.

DATE: _____

Signature of Parent/Guardian: _____