

**New Jersey Department of Health
New Jersey Early Intervention System (NJEIS)**

CONSENT TO RELEASE/OBTAIN INFORMATION

Child Full Name	NJEIS ID#	Date of Birth
Home Address		Apt #
City/Town	State	Zip Code
I, (Print Parent/Guardian Full Name): _____, seek services for my child from the NJEIS. I understand that it may be necessary for the practitioners (including evaluators, provider agencies, and service coordinators) offering Early Intervention (EI) services to my child and family to exchange information to develop and fulfill the services on the Individualized Family Service Plan (IFSP). The information will be part of this child's record maintained in the NJEIS Early Intervention Management System (EIMS), or county Service Coordination Unit based on where the child resides.		

Purpose of Information Requested

Parent consent is being requested to obtain essential and necessary information to plan and provide early intervention services. The NJEIS provides services to children with developmental delays and disabilities, from birth to age three and their families. This consent is subject to the provisions of the Family Educational Rights and Privacy Act (FERPA).

Consent Options:

A. I authorize the initialed information below to be:

Released, as specified below, to the individual or agency or any of the NJEIS Providers listed at A.1. below. NJEIS Providers include: Regional System Point of Entry (SPOE), Service Coordination Units (SCU), and Early Intervention Provider Agencies (EIP) providing evaluation/assessment, service coordination, or services to my child and family. NJEIS is not permitted to re-disclose the records listed above to a third party without seeking your additional written consent, unless such disclosure is permitted without consent under an applicable exception under 34 C.F.R 99.31.

INFORMATION FOR RELEASE IS LIMITED TO THE FOLLOWING ITEMS: I authorize the information below to be released (shared).

Please initial each item for which you are providing consent:	Please check all that apply	Initials
Referral and Intake Information		
NJEIS Eligibility Determination Summary		
Developmental Evaluation/Assessment Reports and Testing Protocols		
Individualized Family Service Plan (IFSP)		
Service Practitioner/Caregiver Notes		
Medical Records (e.g. progress notes, treatment plans)		
Other (please specify)		
1. RELEASED TO THE INDIVIDUAL/AGENCY		
Individual Name		Agency Organization Name
Address		City/Town
		State
		Zip Code
Phone	Extension	Fax
		Email

CONSENT TO RELEASE/OBTAIN INFORMATION CONTINUED

B. INFORMATION TO BE OBTAINED IS LIMITED TO THE FOLLOWING ITEMS: I authorize the information below to be obtained (collected) from the individual or agency listed at B.1. below.

Please initial each item for which you are providing consent:	Please check all that apply	Initials
Referral and Intake Information		
NJEIS Eligibility Determination Summary		
Developmental Evaluation/Assessment Reports and Testing Protocols		
Individualized Family Service Plan (IFSP)		
Service Practitioner/Caregiver Notes		
Medical Records (e.g. progress notes, treatment plans)		
Other (please specify)		

1. OBTAINED FROM INDIVIDUAL/AGENCY				
Individual Name		Agency Organization Name		
Address		City/Town	State	Zip Code
Phone	Extension	Fax	Email	

THE INFORMATION WILL BE SENT TO				
Individual Name		Agency Organization Name		
Address		City/Town	State	Zip Code
Phone	Extension	Fax	Email	

AUTHORIZATION DETAILS		
Expiration Date (Consent automatically expires one year from the date this consent was signed)		
Parent/Guardian Signature		Date
(If applicable) Print Interpreter Name	Interpreter Signature	Date

IMPORTANT NOTES
- You can revoke or modify this consent anytime by providing written notice to your Service Coordinator. - A copy of this signed form holds the same force and effect as the original. - A new Consent to Release/Obtain form is required as each IFSP review or annual meeting. - You have the right to request a copy of your records by making a written request to your Service Coordinator.

CONSENT TO RELEASE/OBTAIN INFORMATION CONTINUED

The New Jersey Early Intervention System (NJEIS) & the New Jersey Department of Child Protection and Permanency (DCPP) work collaboratively: in accordance with the Individuals with Disabilities Education Act (IDEA) Part C, with the child and resource parent to:

- Address questions, model activities, and provide strategies to support the child's developmental needs in daily routines.
- Conduct ongoing assessments and monitor the child's developmental progress; and
- Evaluate areas of the child's development consistent with early intervention policies and practices, utilizing the child's natural environment.

I, _____, the biological or adoptive parent of the child _____, understand that I retain all procedural safeguard rights under New Jersey law and Part C of IDEA, unless my parental rights have been terminated. However, I authorize the resource parent, as designated by DCPP, to coordinate, attend, and participate in all Early Intervention Services for the child, as determined necessary by the evaluation process and documented in the Individualized Family Service Plan (IFSP).

I acknowledge that this consent does not constitute a waiver of my procedural safeguards rights under IDEA and/or Family Educational Rights & Privacy Act (FERPA). I retain the ability to access my child's early intervention records and may revoke this consent at any time by submitting a written request to the Service Coordination Unit.

Biological/Adoptive Parent Signature	Date
Biological/Adoptive Parent Signature	Date

Service Coordinator Name	
Phone	Email