

**EARLY INTERVENTION**  
**Bureau of Early Intervention Services**  
**Voluntary Authorization to Release Information**

Early Intervention provides, at no cost, services and supports to children with developmental delays or disabilities and their families. The purpose for this **voluntary** release of information form is to obtain permission to share information with community agencies who are currently, or have been in the past, involved with local Early Intervention programs.

Please read this form carefully and complete it as it applies to your child. If you need assistance, an Early Intervention program staff member will be made available to you.

Please add your initials next to the agencies with whom you are willing to share information about your child. In addition, the specific information that you are willing to provide to the agency should be entered in the appropriate column.

Early Intervention Program Name \_\_\_\_\_

Early Intervention Program Contact Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Parent Name \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Initials:	Agency/Program:	Contact Person/Address:	List specific document(s) (e.g., health, evaluation, plan, eligibility page of IFSP/IEP):
_____	Newborn Hearing Screening program, Bureau of Family Health, PA Dept. of Health:	OCDEL & PA Dept. of Health	_____
_____	School District, specify:	_____	_____
_____	Hospital, specify:	_____	_____
_____	Audiologist:	_____	_____
_____	Primary Care Physician:	_____	_____
_____	Physician/Clinic, specify:	_____	_____
_____	Early Education/ Child Care, specify:	_____	_____
_____	Parent to Parent of PA, specify:	_____	_____
_____	Other, specify:	_____	_____

As the parent/guardian of the minor child, I voluntarily initialed the agencies for whom I give consent to receive information about my child. I understand that these agencies will use and keep the information about my child and family in a confidential manner. I understand that:

- 1) I am providing my consent voluntarily and I understand the information on this form;
- 2) I have the right to withdraw my consent at any time; and
- 3) I have the right to inspect and copy the information to be shared.

Unless otherwise stated, this release is valid for one year from the date signed and the information shared by the agencies listed above will not be further re-disclosed to anyone else without written consent of the parent/guardian

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_