MECDHH/GBSD
Authorization to Release and Share Information Form, *Primary Care Provider*
2021-2022 School Year

Student's Name:_____ **DOB:** _____

I authorize the Maine Educational Center for the Deaf and Hard of Hearing (MECDHH) to request and/or share information and records pertaining to my child with:

_____ _____
Name of Primary Care Provider Phone Number

I understand that this Authorization permits MECDHH to:

- Communicate with the Provider listed above regarding coordination of early intervention/special education and related services for my child
- Request from the Provider listed above: reports, evaluations, progress notes and recommendations
- Share with the Provider listed above any information that is maintained in my child's MECDHH file, whether generated by persons employed by or contracted with MECDHH

Specific records/documents to be requested or shared:

- ☐ Evaluation Reports
- ☐ Educational Plans
- ☐ Plans of Care/Treatment Plans
- ☐ Progress Notes
- ☐ Financial Resources Form
- ☐ Other (describe) _____

This information will be used for the following purpose(s):

- ☐ To assist in determining appropriate educational placement and/or programming
- ☐ To assist in determining the need for further educational/medical information
- ☐ To provide additional evaluation data
- ☐ For data collection/notification purposes at both the local and state level
- ☐ Other (describe) _____

MECDHH applies the Family Educational Rights and Privacy Act regarding confidentiality of client records. Information regarding my child:

- Will be maintained in a confidential file that is available for my review at the MECDHH office upon request.
- May be shared with persons employed by or contracted with MECDHH when relevant.

This authorization is effective for a period of no longer than twelve (12) months, will be reviewed annually, and may be revoked at any time. Revocation does not negate any requested and/or shared information obtained after the consent was given and before the consent was revoked.

_____ Date:_____
Signature of Parent/Guardian*

*The parties agree that the electronic signature of a party to this Agreement shall be as valid as an original signature of such party and shall be effective to bind such party to this Agreement.