

Local Education Agency (here)

ADE SPED
REQUIRED FORM
JULY 2008
AGES 3-21

Parental Consent to Release of Personally Identifiable Information

Student Name: _____

Student Identification Number: _____

Primary Care Physician Name: _____

Medicaid Information:

Is your child covered by Medicaid? Yes No

If yes, please list the corresponding number _____

****When the child was enrolled in the Medicaid program, parental consent to bill for services was received from the parent/guardian.****

Parental Permission to Release Personally Identifiable Information:

Under the Family Educational Rights and Privacy Act (FERPA), parental permission is required in order to release student personally identifiable information to agencies not identified in the Act. This permission grants the _____ (local education agency) the ability to release these records for the purposes of billing Medicaid. The information that may be released includes: student's name, student's date of birth, student social security number, student evaluation and referral information, IEP goals and progress notes. The parent has the right to revoke this permission at any time.

Please check the following that apply:

A_____ I give permission to the local education agency to access Medicaid to receive reimbursement for healthcare services delivered to my child in the school. The local education agency can release education records each time that it accesses Medicaid for the purpose(s) of determining eligibility, billing for services, and/or completing audit/review requests.

B_____ I do not give my permission for the local education agency to access Medicaid for healthcare services delivered to my child in the school.

C_____ My child is not covered by private insurance.

D_____ My child is covered by private insurance (please see next page).

Parent or Guardian Signature

Public Agency Official Signature

Date

Date

Local Education Agency (here)

**Parental Consent to Release Personally Identifiable Information
Third Party Liability Section**

This section should only be completed if section D of the previous page is checked and if the student is covered by private insurance.

Information Related to Billing Third Party Insurance:

Title 42 Code of Federal Regulations (CFR), Part 433, Subpart D, Third Party Liability requires that all third party sources must be utilized before reimbursement can be made by Medicaid. Part B of the Individuals with Disabilities Education Act (IDEA) prohibits a public agency from requiring parents, where they would incur a financial cost, to use insurance proceeds to pay for services that must be provided to a child with disabilities under the "free appropriate public education" requirements of these statutes. IDEA does not create exceptions to Title 42 CFR, Part 433, Subpart D. All Medicaid providers should attempt to exhaust third party liability prior to making claims to Medicaid, including schools districts and education service cooperatives (ESC).

Private Insurance Information:

Insurance company: _____
Address: _____ Phone: _____
Name of Policy Holder: _____
Policy Holder Date of Birth: _____ Social Security Number: _____
Policy Number: _____ Group Number: _____

Please circle one below:

Yes No I give permission to the local education agency to bill my private insurance for healthcare services delivered in the school.

Parent or Guardian Signature

Public Agency Official Signature

Date

Date