



CDS State IEU
 146 State House Station
 Augusta, Maine 04333
 Phone: (207) 624-6660
 Fax: (207) 624-6661

AUTHORIZATION TO REQUEST AND/OR SHARE INFORMATION AND RECORDS

Child's Name: _____ DOB: _____

 Provider with whom information will be shared (one Provider per authorization)

I authorize Child Development Services ("CDS") to request and/or share information and records pertaining to my child.

I understand that this Authorization permits CDS 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 CDS file, whether generated by persons employed by or contracted with CDS.

Specific records / documents to be requested or shared:

- Evaluation Reports
- Educational Plans
- Plans of Care / Treatment Plans
- Progress Notes
- Third Party Payment Parental Consent
- 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 medical information
- To provide additional evaluation data
- For data collection / notification purposes at both the local and state level
- Other (describe) _____

CDS 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 CDS office upon request.
- May be shared with persons employed by or contracted with CDS when relevant.

This authorization is effective for the term of my child's IFSP or IEP; a period no longer than twelve (12) months, will be reviewed at the annual IFSP / IEP team meeting, 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does not negate any requested and/or shared information obtained after the consent was given and before the consent was revoked.

 Parent / Guardian signature

 Date

*Please note that most standard email does not provide a secure means of communication. There is some risk that personal identifiable information contained in email may be disclosed to, or intercepted by, unauthorized third parties. Use of more secure communications, such as phone or fax is always an alternative.