

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

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**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