

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

## Consent to Release Information

SY 2013-14

The State of Illinois participates in a Federal program called Medicaid School Based Services. This program provides services to students such as Occupational Therapy, Physical Therapy, Speech Therapy, Psychological Services, Social Work, Transportation, Nursing and Personal Care. The program provides partial reimbursement to the district for such services. This reimbursement helps the district offset the costs of these services provided to our students.

In order to submit claims for reimbursement for these services it may be necessary to access a student's public benefit or insurance information to verify eligibility. The type of information that may be required is full name, date of birth, Medicaid ID, disability, service dates and the types of services delivered.

Prior to accessing this information, the LeRoy CUSD#2 must obtain parental consent for the release of this information. Consent or refusal to give consent will not affect your student's services. You have the right to withdraw your consent at any time.

Please complete the attached consent form and return to the school office.

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Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I give my permission for the LeRoy CUSD #2 to access my student's public benefits and/or insurance information for the purpose of seeking reimbursement for services rendered through the Medicaid School Based Services program.

Signature of Parent/Guardian \_\_\_\_\_

Dated: \_\_\_\_\_