



NASSAU COUNTY DEPARTMENT OF HEALTH

**PARENT CONSENT FORM FOR ACCESSING A PARENT OR STUDENT'S MEDICAID
INSURANCE TO PAY FOR CERTAIN SPECIAL EDUCATION SERVICES IN A STUDENT'S
INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Dear Parent/Guardian of: _____

This is to ask your permission (consent) to bill your or your child's Medicaid Insurance Program for special education and related services that are on your child's individualized education program (IEP) and to ask you to give us your child's Client Identification Number (CIN) or allow us to obtain the CIN if you do not know it.

This consent allows the county/school district to bill for covered health related services and to release information to the county's/school district's Medicaid Billing Agent for that purpose.



I, _____ as the parent/guardian of _____
(PRINT Parent Name) (PRINT Child Name)

Medicaid CIN #: _____

have received a written notification from the county/school district that explains my federal rights regarding the use of public benefits or insurance to pay for certain special education and related services.

I understand and agree that the county or school district may access Medicaid to pay for special education and related services provided to my child. I understand that:

- Providing consent will not impact my child's/my Medicaid coverage;
- Upon request, I may review copies of records disclosed pursuant to this authorization;
- Services listed in my child's IEP must be provided at no cost to me whether or not I give consent to bill Medicaid;
- I have the right to withdraw consent at any time; and
- The county/school district must give me annual written notification of my rights regarding this consent.

I also give my consent for the school district to release the following records/information about my child to the State's Medicaid Agency for the purpose of billing for special education and related services that are in my child's IEP. The following records will be shared.

Records to be shared (such as records or information about services your child receives)	
IEP, Written Order/Referral/Scripts	Special Transportation Log and Program Attendance
Evaluation Reports/Session Notes	Other Personally Identifiable Information
"Under the Direction Of" Logs and Certifications	Any other specific records pertaining to the child's services or program

I give my consent voluntarily and understand that I may withdraw my consent at any time. I also understand that my child's right to receive special education and related services is in no way dependent on my granting consent and that, regardless of my decision to provide this consent, all the required services in my child's IEP will be provided to my child at no cost to me.

Parent/Guardian Name and Signature:



Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date: _____

Preschool Parental Consent to Use E-mail to Exchange Personally Identifiable Information

Child's Name: _____ D.O.B. _____
Parent's Name _____
E-mail Address: _____

At your request, you have chosen to communicate personally identifiable information concerning your child's preschool services by e-mail without the use of encryption. Sending personally identifiable information by e-mail has a number of risks that you should be aware of prior to giving your permission. These risks include, but are not limited to, the following:

- E-mail can be forwarded and stored in electronic and paper format easily without prior knowledge of the parent.
- E-mail senders can misaddress an e-mail and personally identifiable information can be sent to incorrect recipients by mistake.
- E-mail sent over the Internet without encryption is not secure and can be intercepted by unknown third parties.
- E-mail content can be changed without the knowledge of the sender or receiver.
- Backup copies of e-mail may still exist even after the sender and receiver have deleted the messages.
- Employers and online service providers have a right to check e-mail sent through their systems.
- E-mail can contain harmful viruses and other programs.

Parental Acknowledgement and Agreement

I acknowledge that I have read and understand the items above which describe the inherent risks of using e-mail to communicate personally identifiable information. Nevertheless, I,

_____, authorize JUST KIDS EARLY CHILDHOOD LEARNING CENTER
whose e-mail address is "@justkidseclc.org" to communicate with me at my e-mail address,
_____, concerning my child,

_____, participation in the program including but not limited to communication regarding service delivery, his/her progress and any other related matters. I understand that use of e-mail without encryption presents the risks noted above and may result in an unintended disclosure of such information.

Parent's Signature _____ Date _____