



Consent for the Collection of Electronic Data

PLEASE REVIEW THE FOLLOWING INFORMATION AND HAVE YOUR INTERIM/SERVICE COORDINATOR DISCUSS ANY QUESTIONS THAT YOU MAY HAVE BEFORE SIGNING BELOW.

Child's Name: _____ Date of Birth: _____
(Last) (First) (MI)

WV Birth to Three is asking you for permission as parent/legal guardian, to collect demographic and service information about your child's participation in WV Birth to Three and store it electronically in the WV Birth to Three database system(s). With your informed, written consent, only those health care professionals and service providers with a direct need to know and with authorized security clearance will have access to the electronic record. Your written permission for us to collect needed data electronically will also allow your service providers to be able to receive authorizations for services that they are to provide to you and your child. At times, the state is required to send electronic data reports to the federal and state agencies that oversee and fund these services and, when such information is sent, it does not personally identify children or families.

As the parent/legal guardian, access to information stored in the database is also available to you upon request.

As legal guardian, your signature below authorizes the WV Birth to Three System(s) to distribute information collected during the eligibility determination/enrollment process and service delivery period with the following agencies:

1. WV Department of Health and Human Resources
2. U.S. Departments of Education and U.S. Department of Health and Human Services for the purposes of financial/program audit and monitoring purposes as required by various federal and state regulations.

Electronic demographic information will also be used to send periodic satisfaction surveys or other program information to families.

By signing this form, you agree to allow information to be collected by the WV Birth to Three Regional Administrative Unit personnel for the electronic database system. All aspects of the data collection, maintenance, and use are protected under Federal regulations of the Family Educational Rights and Privacy Act (FERPA), Individuals with Disabilities Education Act (IDEA), and Health Insurance Portability and Accountability Act (HIPAA).

This authorization includes the following information about your child and family, unless an exception is noted below, including: child/family demographic information; eligibility factors; services called for on the Individualized Family Service Plan (IFSP); IFSP services received; and family financial eligibility information.

Your signature below means that you have read and understand the information contained on this form. The consent will remain in effect no longer than 12 months from the date of your signature unless you revoke it earlier.

Signature of parent/legal guardian Date

Signature of witness Date