Minnesota Department of Education

August 2013

Consent to Share Data and Seek Payment for Individualized Education Program (IEP) Health Related Services

Section 1: Complete if your child receives special education.

Child's Last Name: First Name: Middle Initial:
Birthdate:
Child's Home Address: City: State: Zip:

Parent 1 Name:
Is your address the same as your child's? Yes No If no, please provide:
Address: City: State: Zip:
Parent 1 Phone Number(s): Home: Work: Other:

Parent 2 Name:
Is your address the same as your child's? Yes No If no, please provide:
Address: City: State: Zip:
Parent 2 Phone Number(s): Home: Work: Other:

Section 2: Complete if your child has Medical Assistance (MA) or MinnesotaCare.

School District # will bill MA or MinnesotaCare for the health related services your child receives. The type, amount and frequency of services are in your child's Individualized Education Program (IEP). We need your signature to share data with the Minnesota Department of Human Services (DHS) to bill for these services. The information includes your child's name, date of birth, member number, dates of service and type of service codes. If audited by DHS or the U.S. Department of Health and Human Services (DHHS) the data shared may also include your child's IEP, evaluation reports, documentation of service and attendance and medical orders.

I understand:

- This is a release to share data with DHS and DHHS. It starts and is good as long as my child is eligible for special education.
- This release can be changed or stopped in writing at any time by me.
- The type, amount, and frequency of services are in my child's IEP.
- If I ask, I can get copies of all data shared with DHS or DHHS.
- I can get a copy of this release.
- Laws that protect private data sometimes allow the data to be re-disclosed.
- If I do not give information or sign the release, my child's IEP services will not change or stop.

Minnesota Health Care Program Member Number:

My signature allows the district to release information to:
1) DHS to get paid from MA or MinnesotaCare, and
2) DHS or DHHS if there is an audit.

Parent/Legal Representative Signature: Date:

Section 3: Complete if your child also has Private Health Insurance

If your child is on Medical Assistance (MA) or MinnesotaCare and your private health insurance does not cover the IEP services your child is receiving, the district may bill MA or MinnesotaCare. So that we can determine if your insurance covers the services, we need information about your private health insurance coverage. The school district will use this information to determine if the private insurance company covers the IEP health related services your child receives.

Name of private insurance company:
Policy Holder/Member's Name: Group or Policy Number:
Child's Insurance ID Number:
Policy Holder's Relationship to child: Mother ◯ Father ◯ Other ◯

I understand:
- The district will use my private health insurance information to determine whether or not my private insurance covers the IEP health related services that my child receives.
- If the private insurance does not cover the IEP health related services my child receives, the school district can bill MA or MinnesotaCare. (see Section 2).

Parent/Legal Representative Signature: Date:

Section 4: Complete if you do not want the district to bill MA, MinneostaCare or any insurer for your child's IEP health related services.

Release or Consent Denied: I choose to not let the district:
- Share information with the Minnesota Department of Human Services to get paid for covered IEP health-related services.
- Ask my private health insurer if IEP health related services are covered so, if the services are not covered, the school district can bill MA or MinnesotaCare.

I understand:
- By signing below, my child's IEP services will not change or stop; and
- I can get a copy of this form when I withdraw consent.

Parent/Legal Representative Signature: Date: