

SECTION 1: CHILD AND PARENT INFORMATION

Child's Name: Jason Richards	Date of Birth: 07/06/18	BRIDGES ID #: 353588
---	--	---------------------------------------

Parent Name:
Sarah Richards

SECTION 2: PURPOSE OF INFORMATION REQUESTED OR RELEASED

Request for information or release is for purpose(s) of: <input checked="" type="checkbox"/> IDEA/Part C Eligibility determination <input type="checkbox"/> IDEA/Part C Eligibility Status <input type="checkbox"/> IFSP development or review <input type="checkbox"/> Other IDEA/Part C service planning <input type="checkbox"/> Parent request for copy of early intervention record	Information to be requested or released: Results of genetic testing for the purposes of establishing Jason's eligibility for the BabyNet early intervention system.
---	---

SECTION 3: PARENT ACKNOWLEDGEMENTS AND CONSENT

My signature on this form indicates that I:

- Authorize the individual, program, organization and/or entity listed above to disclose and/or obtain specific health/medical and educational information from the records of my child.
- Understand that I may request a copy of any information that is shared or received.
- Agree that a copy of this consent may be treated as an original.
- Understand that if the record contains information relating to HIV infection, AIDS or AIDS-related conditions, alcohol abuse, drug abuse, or genetic testing, this disclosure may include that information.
- Understand that this information may be released securely in any of the following ways: fax, email, direct mail, texting, or by telephone.
- Understand that, while services will not be denied because of failure to sign this consent form, the inability to collect necessary information may result in an inability to determine if my child is eligible for IDEA/Part C services.
- Understand that I may revoke this consent in writing at any time. Any action taken prior to the date my consent is rescinded is legal and binding.
- Understand that if I fail to specify an expiration date or condition for this consent, it is valid for the period needed to fulfill its purpose for up to one year.

LIMIT consent as follows (describe):

N/A

Sarah Richards

Signature of Parent

July 1, 2020

Date

SECTION 4: SENDER AND RECIPIENT OF INFORMATION REQUESTED OR RELEASED

Information requested from released to:

Please RETURN requested information to:

*Name: **Dr. Trey Christian**

*Agency: **Greenwood Genetics Center**

*Address: **14 Edgewood Dr**

*City, State, Zip: **Greenville, SC 29605**

Phone: **(864) 250-7944**

Fax: **(864) 250-9582**

Email: **tchristian@ggct.org**

Olivia Pope

BabyNet Eligibility Services

600 East Washington St

Greenville, SC 29601

(864) 331-1450

(864) 331-1456

BabyNet@scdhhs.gov

*Required for the official record and any investigation of complaint(s). NOTE: IDEA/Part C records are protected from unauthorized disclosure under the Family Educational Rights and Privacy Act (FERPA). Personally identifiable information protected by FERPA is specifically exempted from the privacy standards of the Health Insurance Portability and Accountability Act (HIPAA). IDEA/Part C may disclose personally identifiable information from a record only on the condition that the party to whom the information is disclosed will not disclose the information to any other party without the prior consent of the parent (34 CFR 99.33).