

Consent to Share/Receive Birth-5 Year Old Screening Information

We are asking you to sign the consent form below. It will allow us, your child's healthcare team, to get and share certain information about your child's developmental screening with other programs and services.

What information will be shared? Only results from routine screenings done will be shared. Your child may get an extra screening if needed. These screenings are check-ups to make sure your child is "on track" for their age. Here's what gets checked: 1) your child's speech and hearing; 2) how they solve problems; 3) how they move around; 4) how well they feed, toilet, and dress themselves; and 5) how they behave and get along with others. Screening helps us to give your child the right care at the right time.

Who might get my child's information and why? We would get and share information only with the programs and services marked below. This would help us better meet your child's needs and make sure the same screenings are not done in different places. This saves time and effort for all of us.

This consent to share information is limited. This consent allows us to get or share only your child's screening results. If we think it will help your child to share any other information, we will ask you to sign a more detailed consent.

D.O.B.: _____		
(Print child's name)		
Authorization to Share (Check <input checked="" type="checkbox"/> All Applicable)		
Family Team Member(s)	Screening Type	Method for Sharing
<input type="checkbox"/> Early Head Start (Prenatal to 3) <input type="checkbox"/> Head Start (3-5) <input type="checkbox"/> Maine Families (Prenatal to 3) <input type="checkbox"/> Child Development Services (0-5) <input type="checkbox"/> Public Health Nurse (All ages) <input type="checkbox"/> Medical Provider <input type="checkbox"/> Other	<input type="checkbox"/> Developmental Screen <input type="checkbox"/> Autism Screen <input type="checkbox"/> Other	<input type="checkbox"/> FAX <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail <input type="checkbox"/> Electronic sharing (e.g., ASQ on line) <input type="checkbox"/> Other: _____
<p>This agreement begins the day I sign it and will end in one year unless written here:</p> <p>_____</p>		
<p>I, _____, <input type="checkbox"/> DO or <input type="checkbox"/> DO NOT (Print parent/guardian name) (Check one)</p> <p>agree to have developmental screening information shared between my child's doctor and the community program/service(s) checked above.</p>		
<p>Signature: _____ Date: _____ (Parent/Guardian)</p>		
<p>Phone: _____</p>		
<p>e-mail: _____</p>		
<p><input type="checkbox"/> This document represents a change to a previously existing consent. (Check if applicable)</p>		

