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| **School District/Public Agency** |  **Consent to Release Information and Access Public Benefits**34 C.F.R. §300.154(d) |
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| **Name of Student** | **Birthdate** | **Date**  |
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A school district or public agency may use a child’s private insurance plan to provide or pay for health and health related services as permitted by public insurance programs and documented in the student’s Individualized Education Program (IEP). A parent must be fully informed about the type, frequency and duration of the IEP services in order to bill Medicaid or other public insurance plans. Parent permission must be voluntary. A school district or public agency must obtain informed parent consent only one time before Medicaid or other public insurance is accessed for special education or related services in the student’s IEP. *Note that the IDEA requires a school district or public agency to obtain your informed consent only one time prior to accessing your public benefits.*

**This consent has two parts:**

1. Consent for disclosure of your child’s personally identifiable information to the State agency responsible for administering your public benefits or insurance program as follows:

Consent to release educational records and/or information about my child’s participation in special education and related services to participating physicians, other health care providers, and the Wyoming Department of Health, any Wyoming Department of Health billing agents, and any Wyoming Department of Health designee as necessary to process claims for reimbursement for covered health-related services, evaluations for these services, and transportation as outlined in my child’s Individualized Education Program (IEP).

1. Consent to access public benefits or insurance as follows:

The school district or public agency may use my child’s public benefits or insurance to pay for special education and related services outlined in my child’s IEP.

**The following Procedural Safeguards pertain to my consent:**

* I understand that the school district or public agency may provide certain health-related services pursuant to my child’s IEP at no additional cost to me, and that my refusal to sign this form will not affect whether special education and related services are provided at no cost to my child.
* I understand that I will not be required to incur an out-of-pocket expense, such as the payment of a deductible or co-pay amount, incurred in filing a claim for services. If any out-or-pocket charges occur, the school district or public agency will pay those costs.
* I understand that my child’s Medicaid or other public benefits will not be used if that use will:
	+ Decrease available lifetime coverage or any other insured benefit;
	+ Result in charges to me for services that would otherwise be covered by our public insurance plan when such services are required for my child outside of the time my child is in school;
	+ Increase premiums or lead to the discontinuation of benefits of insurance; or
	+ Risk loss of eligibility for home and community-based waivers, based on aggregate health-related expenditures.
* I understand that the granting of consent is voluntary and may be withdrawn at any time. If I later revoke consent, that revocation is not retroactive (i.e. it does not negate any action that has occurred after the consent was given and before the consent was revoked).
* I understand that the school district or public agency cannot require me to dispute or appeal a denial of private insurance benefits on behalf of my child.

**[ ]  I give my consent for the school district or public agency to release education records or information as described above, AND I give my consent to access Medicaid or other public benefits as described above in order to submit claims to the Wyoming Department of Health.**

**[ ]  I DO NOT give my consent.**

**Sign, date and return as soon as possible.**

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Your consent is voluntary and may be revoked at any time.

***School District or Public Agency Use***

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| **Date received:** | **Signature of School District or Public Agency Official** |
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