**Parental Consent to Access Public Insurance**

**and to Release Personally Identifiable Information**

**(Parental consent is obtained once, but notification is done every year)**

With your consent, the school district is allowed to seek reimbursement from the MO HealthNet (Medicaid) Division for the purpose of payment for applicable services provided through an Individualized Education Program (IEP), under the Individuals with Disabilities Education Act (IDEA) by accessing your or your child’s public insurance.

School District Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

The MO HealthNet (Medicaid) School-based Services Program in Missouri:

* Provides partial reimbursement to school districts for services that include: Occupational Therapy, Physical Therapy, Speech/language Therapy, Behavioral Health Services, Audiology/Hearing Services, Private Duty Nursing, Personal Care Services, and Transportation.
* Does not affect a family’s MO HealthNet (Medicaid) insurance benefits.
* Helps school districts to offset some of the costs of services provided through an IEP.
* Is voluntary and requires a parent or guardian to provide written consent for a school district to release information about their child and seek reimbursement from MO HealthNet to help pay for services provided through an IEP.

If your child receives any of the services listed above and qualifies for has MO HealthNet coverage, parent permission is requested to release information to enable the school district to access MO HealthNet (Medicaid) for reimbursement of school-based services.

**By signing below, you are indicating the following:**

I understand and give the school district permission to access my or my child’s public insurance. I understand my child’s educational records and information about the services my child receives through the IEP will be released in order for MO HealthNet (Medicaid) to help pay for IEP services.

* I understand this may include sharing information with the MO HealthNet Division (MHD), their contracted billing agent, and/or a physician to obtain necessary documentation (e.g., physician scripts, referrals) to receive reimbursement for services provided through an IEP.
* I understand information to be released may include: the child’s name, birthdate, , Medicaid ID or other identification, disability, IEP and evaluations, type of service(s), times and dates services were delivered, and progress notes.
* I understand that this consent will remain in effect at all times the district is responsible for providing IEP services to my child, unless revoked by me, and that I may revoke my consent at any time by notifying the school district in writing.
* I understand that revoking my consent does not change the school district’s responsibility to provide all required IEP services to my child at no cost to me.
* Before giving my consent below, I was provided with a written notice further explaining about parental consent and the purpose of this form.

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Parent Name (Printed or typed)

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Parent Signature Date