Consent to Release/Obtain Information
INSTRUCTIONS
Updated: July 1, 2020

Who is responsible: Intake Coordinators and Service Coordinators

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections
BABYNET

Purpose and Use

The purpose of the form is to safeguard the family's right to provide consent in sharing records about a referred or eligible child.

The Intake Coordinator and Service Coordinator must use this form to obtain consent from the family for obtaining or disclosing information necessary for eligibility determination or service planning, including development and review of each initial and annual Individualized Family Service Plan (IFSP). The parent must receive a copy of the signed consent, along with a copy of the ***Parent Notice of Family Rights and Safeguards*** form. If multiple Consents to Release/Obtain are signed at the same time, the parent must receive a copy of each consent, but only one copy of the ***Parent Notice of Family Rights and Safeguards*** form.

Each consent remains in effect for one year from the date signed, or until the child's third birthday, whichever comes first.

Section 1: Child and Parent Information

Enter child's legal first and last name, date of birth, and BRIDGES ID number.

Enter name of parent authorized to give consent to exchange information.

Section 2: Purpose of Information Requested or Released

Check the purpose of the consent and list the specific information that is being requested/exchanged (e.g., physical therapy evaluation results, discharge summary, etc.). Information may not be exchanged unless the purpose of the release is indicated on the form. For example, if the purpose of the request is to determine if a child is eligible for IDEA/Part C, the information may not be used to determine eligibility for another agency without obtaining consent for that purpose.

Section 3: Parent Acknowledgements and Consent

Review consent information with parent and ask the parent to sign. The parent giving consent must list any exceptions they would like made to the release of information practices.

Section 4: Sender and Recipient of Information Requested or Released

Check to indicate if the information is being requested or released.

Complete all contact information for the person or entity asked to exchange information. In the 'Return' column complete the contact information for Intake Coordinator, Service Coordinator, or designee who will receive the requested information.