

**CONSENT TO SHARE EARLY INTERVENTION REFERRAL AND INITIAL IFSP DATE**

I, \_\_\_\_\_, give my informed consent for the Arizona Early Intervention Program, including AzEIP team-based service provider, Division of Developmental Disabilities (DDD) Service Coordinator, and/or Arizona School for the Deaf and Blind (ASDB) team member, to release and share information (in writing and/or conversation) regarding:

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**To the person/agency:**

Arizona Department of Health Services-Office of Newborn Screening

**Email to:** [hearing@azdhs.gov](mailto:hearing@azdhs.gov) or **Fax to:** (602) 364-1495

Sharing AzEIP Referral Date: \_\_\_\_\_

Sharing Initial Individualized Family Service Plan (IFSP) Date: \_\_\_\_\_

For the purpose of: As part of newborn screening, the Arizona Department of Health Services receives hearing screening information for all children in Arizona. This information is used to identify newborns or infants who are referred to the Arizona Early Intervention Program who are deaf or hard of hearing and have an initial IFSP. This helps ensure infants and their families receive the necessary resources and supports.

Annually, the information on the number of children with different levels of hearing, including those who were referred to AzEIP and had an IFSP, is reported to the Center for Disease Control. Only aggregate numbers are shared; personally identifiable information is never released as part of this report.

I have read and understand the conditions of this release. I understand that I have agreed to disclose the information only to the person/program listed above, and that the person/program may not disclose personally identifiable information to anyone else without my prior written consent. This is a one-time consent to share this information and is valid for 6 months.

Print or Type Full Name of Parent(s)/Responsible Party \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Signature of Parent(s)/Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

**This form is only to be used to send Early Intervention referral and enrollment information to the Arizona Department of Health Services, Office of Newborn Screening.**

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea ó en la oficina local.