

PA MEDICAL ASSISTANCE BILLING PARENTAL CONSENT

Child's Name _____

Date of Birth _____

Date Sent: _____

Name and Address of Parent/Guardian/Surrogate: _____

I understand that:

1. Local Educational Agencies (LEAs) are eligible to receive federal reimbursement through the School-Based Access Program for certain medically necessary services provided to students with disabilities ages 3-21 in accordance with the students Individualized Education Program (IEP). In this instance, the Local Education Agency (LEA) refers to the preschool early intervention program which serves children from age 3 to school-age.

2. LEAs use of this reimbursement program does NOT in any way affect or impact other medically necessary, covered services that are provided to your child out of school. Medical Assistance will continue to pay for these services. Any reimbursement that the SDs or IUs receive from the School Based Access Program is used to help cover the cost of special education services. Special education services refer to any services covered by an Individualized Education Program (IEP).

3. Before the LEA can apply for reimbursement for services, a one-time written parental consent is required by The Individuals with Disabilities Education Improvement Act of 2004 (IDEA) under Part B (Assistance to the States for the Education of Children with Disabilities) and the Family Educational Rights and Privacy Act (FERPA).

4. By giving consent, I am authorizing the LEA to share my child's information such as records or information about the services that may be provided to my child with the PA Department of Education, the PA Department of Human Services, and a physician or nurse practitioner in order to bill Medical Assistance for services my child receives as part of his/her IEP. The only purpose of this disclosure is to bill for services provided.

5. I have the right to withdraw my consent at any time. Withdrawing my consent or not giving consent, will not affect the services that my child is receiving in school. It is still the responsibility of the LEA to provide my child's required services as written in his/her IEP at no cost to me.

6. Upon request, I may receive copies of my child's records that are disclosed as a result of this authorization. We recommend that you keep a copy of this form for your records.

PA MEDICAL ASSISTANCE BILLING PARENTAL CONSENT

Child's Name _____

Date of Birth _____

If you have any questions, or if you need the services of an interpreter, please contact me.

Name: _____

Position: _____

Email: _____

Phone: _____

DIRECTIONS FOR PARENT/GUARDIAN/SURROGATE: Please check one of the options, sign this form, and return it.

____ I have read the Notice and I give consent for the LEA to share my child's education and health-related information and bill Medical Assistance

____ I have read the Notice and I DO NOT GIVE consent for the LEA to share my child's education and health-related information and bill Medical Assistance

____ I would like to schedule an informal meeting to discuss this request with preschool early intervention personnel

SIGN HERE:

Parent/Guardian/Surrogate Signature: _____

Date: _____

Daytime Phone: _____

PLEASE RETURN THIS ENTIRE FORM TO:

Name: _____

Address: _____

IDHINI YA MZAZI YA USAIDIZI WA KIMATIBABU

Jina la Mtoto

Tarehe ya Kuzaliwa

Tarehe Ilitumwa:

Jina na Anwani ya Mzazi/Mlezi/Mzazi Mbadala:

Ninaelewa kwamba.

1. Mashirika ya Elimu ya Ndani (LEA) yanastahiki kupokea fidia za serikali kupitia Mpango wa Access wa Shule kwa huduma nyingine muhimu za matibabu zinazotolewa kwa wanafunzi walio na ulemavu wenye umri wa mikaa 3-21 kulingana na Mpango Uliobinafsishwa wa Elimu (IEP) wa wanafunzi. Katika hali hii, Shirika la Elimu la Ndani (LEA) inarejelea mpango wa msaada wa mapema shule ya chekechea ambao huhudumia watoto wenye umri wa kuanzia miaka 3 hadi umri wa kwenda shule.
2. Matumizi ya LEA ya mpango huu wa fidia HAYAATHIRI kwa njia yoyote huduma nyingine muhimu za matibabu zinazosimamiwa ambazo zinatolewa kwa mtoto wako nje ya shule. Msaada wa Matibabu utaendelea kulipia huduma hizi. Fidia yoyote ambayo SD au IU inapokea kutoka kwa mpango wa Access wa Shule hutumiwa kusaidia kusimamia gharama za huduma za elimu maalum. Huduma za elimu maalum hurejelea huduma zozote zinazotolewa na Mpango Uliobinafsishwa wa Elimu (IEP).
3. Kabla ya LEA iweze kuomba fidia ya huduma, ridhaa iliyoandikwa ya mzazi ya wakati mmoja inahitajika kulingana na Sheria ya 2004 ya Kuboresha Elimu kwa Watu walio na Ulemavu (IDEA) chini ya Sehemu ya B (Usaidizi kwa Majimbo kwa Elimu ya Watoto walio na Ulemavu) na Sheria ya Haki ya Elimu ya Familia na Sheria ya Faragha (FERPA).
4. Kwa kutoa ridhaa, ninaidhinisha LEA kushiriki maelezo ya mtoto wangu kama vile rekodi au maelezo kuhusu huduma ambazo zinaweza kutolewa kwa mtoto wangu na Idara ya Elimu ya PA, Idara ya Huduma za Binadamu ya PA, na daktari au muuguzi ili kutoza Usaidizi wa Matibabu kwa huduma ambazo mtoto wangu anapokea kama sehemu ya IEP yake. Lengo la pekee la ufichuzi huu ni kutoza kwa huduma zilizotolewa.
5. Una haki ya kuondoa ridhaa hii wakati wowote. Kuondoa ridhaa yangu au kutotoa ridhaa, hakutaathiri huduma ambazo mtoto wangu anapokea shuleni. Bado ni wajibu wa LEA kumpa mtoto wangu huduma zinazohitajika kama ilivyoandikwa katika IRP yake bila gharama yoyote kwangu.
6. Baada ya kuomba, ninaweza kupokea nakala za rekodi za mtoto wangu ambazo zinafichuliwa kama matokeo ya idhini hii. Tunapendekeza uweke nakala ya fomu hii kwa ajili ya kumbukumbu zako.

IDHINI YA MZAZI YA USAIDIZI WA KIMATIBABU

Jina la Mtoto

Tarehe ya Kuzaliwa

Ikiwa una maswali yoyote, au ikiwa unahitaji huduma za mkalimani, tafadhali wasiliana na mimi.

Jina:

Cheo:

Barua pepe:

Simu:

MAAGIZO YA MZAZI/MLEZI/MZAZI MZAA: Tafadhali weka tiki kwa moja kati ya chaguo, tia saina fomu hii, na uirejeshe.

Nimesoma Ilani na kutoa ridhaa kwa LEA kushiriki maelezo ya elimu ya mtoto wangu na yanayohusiana na afya na kutoza Usaidizi wa Matibabu.

Nimesoma Ilani na sitoi ridhaa kwa LEA kushiriki maelezo ya elimu ya mtoto wangu na yanayohusiana na afya na kutoza Usaidizi wa Matibabu.

Ningependa kupanga mkutano usio rasmi ili kujadili ombi hili na wafanyakazi wa msaada wa mapema wa shule ya chekechea

TIA SAINI HAPA:

Saina ya Mzazi/Mlezi/Mzazi Mbadala:

Tarehe:

Simu ya Mchana:

TAFADHALI REJESHA FOMU HII KAMILI KATIKA:

Jina:

Anwani: