

Local Education Agency

REQUIRED FORM

JULY 2013

AGES 3-21

**Parental Consent to Release Personally Identifiable Information
Third Party Liability Section***

*This section should only be completed if the student is covered by private insurance.

Student Name: _____

Student Identification Number: _____ Date of Birth: _____

Information Related to Billing Third Party Insurance:

Title 42 Code of Federal Regulations (CFR), Part 433, Subpart D, Third Party Liability, requires that all third party sources must be utilized before reimbursement can be made by Medicaid. Part B of the Individuals with Disabilities Education Act (IDEA) prohibits a public agency from requiring parents, where they would incur a financial cost, to use insurance proceeds to pay for services that must be provided to a child with disabilities under the "free appropriate public education" requirements of these statutes. IDEA does not create exceptions to Title 42 CFR, Part 433, Subpart D. All Medicaid providers, including school districts, should attempt to exhaust third party liability prior to making claims to Medicaid.

Please check one of the following:

_____ I do NOT give permission to the school district to bill my private insurance for healthcare services delivered in the school.

_____ I give permission to the school to bill my private insurance for healthcare services delivered in the school.

Private Insurance Information:

Insurance company: _____

Address: _____

Phone: _____

Name of Policy Holder: _____

Policy Holder Date of Birth: _____ Social Security Number: _____

Policy Number: _____ Group Number: _____

Parent or Guardian Signature

Date

**Parental Consent to Access Public Insurance and
to Release Personally Identifiable Information**

Student Name: _____

Student Identification Number: _____ **Date of Birth:** _____

With parental consent, the school district can seek federal Medicaid reimbursement for the cost of the health services the school district provides to children who are eligible for Medicaid. In order to seek the federal Medicaid funds for reimbursement, the school district must disclose information from your child's education records to Medicaid and Medicaid billing agencies.

Under the Family Educational Rights and Privacy Act (FERPA), parental consent is required in order to release student personally identifiable information to agencies not identified in the Act. This consent grants the school district the ability to release student information for the purpose of billing Medicaid.

By signing below, you are indicating the following:

- I understand and agree that I am giving the school district permission to access my or my child's public benefits or insurance.
- I understand that my child's education records related to health services may be released to the Department of Human Services, Division of Medical Services, Arkansas Medicaid, the school district's Medicaid billing agent, and/or physician for the purpose of billing Medicaid.
- I understand that information to be released may include: student's name, date of birth, social security number, Medicaid ID, disability, type of service(s), times and dates services were delivered, and progress notes.
- I understand that this consent will remain in effect, unless revoked by me.
- I understand that I may revoke consent at any time by notifying the school district in writing.

Is your child covered by private insurance? No Yes (If yes, please complete Third Party Liability Section)

Parent or Guardian Signature

Date