

THE SCHOOL BOARD OF MARTIN COUNTY, FLORIDA
Exceptional Student Education Department
500 East Ocean Blvd, Stuart, FL 34994

CONSENT TO RELEASE EDUCATIONAL RECORDS FOR MEDICAID BILLING

Student's Full Name: _____

Date of Birth: _____

The county school district wishes to periodically apply for reimbursement for certain services provided to your child by accessing Medicaid or other publicly funded benefits. Medicaid reimbursement helps fund state and local costs providing Special Education and related services, specialized equipment and training.

In order for the county school district to apply for Medicaid reimbursement for certain services provided to your child, your consent to release information from your child's education records is requested. The following information may be released to the state Medicaid agency:

- Child's name, date of birth and address
- Service(s) provided
- Dates and times the service is provided at school
- Child's IEP goals that relate to these services
- Progress notes pertaining to the billing of services

The county school district is providing one or several of the following Medicaid-covered services to your child:

TYPE OF SERVICE
Occupational Therapy Services
Physical Therapy Services
Psychological Services
Speech Therapy Services
Nursing (RN) Specialized Procedures

If you think another provider outside the school system may be billing your child's Medicaid benefits for the same services (for example, speech services) provided by the county school district, please notify your child's school principal or a county office administrator as soon as possible. The county school district will not duplicate the outside provider's Medicaid billing.

Regardless of whether you have Medicaid coverage or not (and whether you provide consent or not) the school district will still provide services to your child pursuant to their IEP or IFSP.

IEP/IFSP services are provided to students while they are at school at NO cost to the parent/guardian.

Copies of records disclosed as a result of authorization to bill are available to parents on request.

This consent may be withdrawn at any time. If consent is not withdrawn, the county school district will notify you of the continued billing of provided services for Medicaid reimbursement and remind you of all of your legal protections once a year. For the additional protections provided by the Individuals with Disabilities Education Act (IDEA), please refer to the annual *Notice to Parents – Parental Consent to Access Public Benefits or Insurance (E.g. Medicaid)*.

I give my consent to release information from my child's educational records for the purpose of Medicaid billing and for agency review of records for the duration of services. I understand and agree that the district may access my child's public benefits or insurance (e.g., Medicaid) to pay for IEP services under IDEA part 300.

Parent/Guardian Signature: _____

Date: _____

Student's Medicaid Number: _____

Student ID#: _____

Submitted By: _____