

EI/ECSE Referral Form for Providers – Birth to Age 5

CHILD/PARENT: CONTACT INFORMATION

Child's Name: _____ Date of Birth: ____/____/____
Parent/Guardian: _____ Relationship to the Child: _____
Home Address: _____ County: _____
Primary Phone: _____ Other Phone: _____
Primary Language: _____ Interpreter Needed: Yes No

PARENT: CONSENT FOR RELEASE OF INFORMATION

*Consent for release of medical information (HIPAA)**

I, _____ (print name of parent or guardian), give permission for my child's health provider _____ (print providers name), to share any and all pertinent information regarding my child, _____ (print child's name), with Early Intervention/Early Childhood Special Education services.

Parent/Guardian Signature: _____ **Date:** ____/____/____

*Consent for release of educational information (FERPA)**

I, _____ (print name of parent or guardian), give permission for Early Intervention/ Early Childhood Special Education services to share developmental and educational information regarding my child, _____ (print child's name), with the child health provider who referred my child to ensure they are informed of status of my child.

Parent/Guardian Signature: _____ **Date:** ____/____/____

*Consent is effective for a period of one year from the date of your signature on this release.

PROVIDER: REASON FOR REFERRAL

Referral providers: Complete all that applies.

1) Concerning screen: ASQ ASQ:SE PEDS PEDS:DM M-CHAT Other: _____

Clinician concerns but not screened: _____

Concerns for possible delays in the following areas (please check all areas of concern):

Speech/Language Gross Motor Fine Motor
 Adaptive/Self-Help Hearing Vision
 Cognitive/Problem-Solving Social-Emotional or Behavior Other: _____

2) Diagnosed physical or mental condition that has a high probability of resulting in developmental delay, documented by a licensed Oregon medical physician

(please describe): _____

Child Health Provider Signature: _____ **Date:** ____/____/____

REFERRING PROVIDER: CONTACT INFORMATION

Name of provider making referral: _____

Address: _____

City: _____ State: _____ Zip: _____ Office Phone: _____ Office Fax: _____

Enter name and contact for Child's Primary Care Provider, if not the same: _____

Please indicate if you would like copies of any of the following documents for your records:

Evaluation Report Eligibility Statement Individual Family Service Plan (IFSP)

Early Intervention/Early Childhood Special Education Brochure

EI/ECSE: EVALUATION RESULTS TO REFERRING PROVIDER

EI/ECSE please complete this portion and return to the referral source above.

The child was evaluated on _____ (date) and was found to be:

Eligible for services Not eligible for services at this time, referred to: _____

EI/ECSE County Contact: _____

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Please call or fax referral information to the EI/ECSE program in the child's county of residence

OREGON

Baker County Phone: 800.927.5847	Douglas County Phone: 541.440.4794 Fax: 541.440.4771	Lake County Phone: 541.947.3371 Fax: 541.947.3373	Sherman County Phone: 541.565.3600 Fax: 541.565.3640
Benton County Phone: 541.753.1202 x101 877.589.9751 Fax: 541.926.6047	Gilliam County Phone: 541.565.3600 Fax: 541.565.3640	Lane County Phone: 541.346.2578 800.925.8694 Fax: 541.346.6189	Tillamook County Phone: 503.842.8423 Fax: 503.842.6272
Clackamas County Phone: 503.675.4097 Fax: 503.675.4205	Grant County Phone: 800.927.5847	Lincoln County Phone: 541.574.2240 x100 Fax: 541.265.6490	Umatilla County Phone: 800.927.5847
Clatsop County Phone: 503.325.2862 Fax: 503.325.1297	Harney County Phone: 541.573.6461 Fax: 541.573.1914	Linn County Phone: 541.753.1202 x106 877.589.9751 Fax: 541.926.6047	Union County Phone: 800.927.5847
Columbia County Phone: 503.366.4141 Fax: 503.397.0796	Hood River County Phone: 541.387.5077 Fax: 541.296.2965	Malheur County Phone: 541.473.3905 Fax: 541.473.3915	Wallowa County Phone: 541.426.4225 Fax: 541.426.3732
Coos County Phone: 541.269.4524 Fax: 541.269.4548	Jackson County Phone: 541.494.7800 Fax: 541.494.7829	Marion County Phone: 503.435.5900 Fax: 503.435.5922	Warm Springs Phone: 541.553.3241 Fax: 541.553.3379
Crook County Phone: 541.312.1195 Fax: 541.382.3901	Jefferson County Phone: 541.475.3770 Fax: 541.475.5337	Morrow County Phone: 800.927.5847	Wasco County Phone: 541.296.1478 Fax: 541.296.3451
Curry County Phone: 541.269.4524 Fax: 541.269.4548	Josephine County Phone: 541.956.2059 Fax: 541.956.1704	Multnomah County Phone: 503.262.4100 Fax: 503.262.4109	Washington County English: 503.614.1446 Spanish: 503.614.1263 Fax: 503.614.1440
Deschutes County Phone: 541.312.1195 Fax: 541.382.3901	Klamath County Phone: 541.883.4748 Fax: 541.850.2770	Polk County Phone: 503.435.5900 Fax: 503.435.5922	Wheeler County Phone: 541.565.3600 Fax: 541.565.3640
			Yamhill County Phone: 503.435.5900 Fax: 503.435.5922

EI/ECSE contact information also available at www.ode.state.or.us/search/page/?id=1690

or please call 1-800-SafeNet

SOUTHWEST WASHINGTON

(NOTE: EI/ECSE Program Requirements differ in each state; please contact these offices for Washington Requirements)

Clark County Phone: 360.896.9912 ext.170 Fax: 360.892.3209	Cowlitz County Phone: 360.425.9810 Fax: 360.425.1053	Klickitat County 360.921.2309 509.493.2204	Skamania County Phone: 509.427.3865 Fax: 509.427.4430
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EI/ECSE Referral Form for Providers – Birth to Age 5
CONSENT FOR USE OR DISCLOSURE OF HEALTH INFORMATION BETWEEN
HEALTHCARE PROVIDERS and EARLY INTERVENTION

This consent for release of information authorizes the disclosure and/or use of your child's health information from your child's doctor to the Early Intervention/Early Childhood Special Education (EI/ECSE) program. This consent form also authorizes the disclosure of developmental and educational information from the Early Intervention/Early Childhood Special Education program to your child's doctor.

Why is this consent form important?

Your child's health care provider sees your child at well-child screening visits and for medical treatment. Sometimes your child's health care provider may see the need for more information, like evaluation or follow up by other specialists, to identify your child's special health care needs. The Early Intervention/Early Childhood Special Education (EI/ECSE) program can be a resource to help identify your child's needs. The primary goal of this consent form is to allow communication between your child's health care provider and EI/ECSE programs so these providers can work together to help your child.

Why am I asked to sign two separate consents on this form?

The first consent allows your health care provider to share information about your child with EI/ECSE. The second consent allows EI/ECSE to share information about your child with your health care provider. Your consent for the release of information allows your child's health care provider and EI/ECSE communicate with one another to ensure your child gets the care your child needs. However, as your child's parent or legal guardian you may refuse to give consent to this release of information.

What is the purpose of this consent form?

This consent form was developed to ensure compliance with all federal and state laws regarding the protection of patient information. This consent includes the sharing of information as authorized under both Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA) guidelines. The purpose of the HIPAA consent is to provide EI/ECSE with information necessary to determine your child's eligibility for EI/ECSE services. The purpose of the FERPA consent is to ensure that your child's doctor receives information regarding the status of your child. By authorizing EI/ECSE to provide the doctor who referred your child with pertinent information the doctor remains an active participant in your child's growth and development.

How will this consent be used?

This consent form will follow your child as he/she is screened and/or evaluated at EI/ECSE. The information generated by this release will become a part of your child's educational record. EI/ECSE will protect this information as prescribed by FERPA. Information will be shared with only individuals working at or with EI/ECSE for the purpose of providing safe, appropriate and least restrictive educational settings and services.

How long is the consent good for?

This consent is effective for a period of one year from the date of your signature on the release.

What are my rights?

You have the following rights with respect to this consent:

- You may revoke this consent at anytime.
- You have the right to receive a copy of the Authorization.