



TennCare, a Division of Health Care Finance and Administration
PARENTAL AUTHORIZATION FOR RELEASE OF INFORMATION
FOR
INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Federal law requires that a parent or legal guardian must give TennCare consent before a student's school may disclose personally identifiable information (PII) that is contained in the student's Educational Records.

The following records may be disclosed by Your Child's school to TennCare:

1. Your Child's Individual Educational Plan (IEP)
2. Medical information contained in Your Child's Educational Records
3. Psychological Records contained in Your Child's Educational Records
4. Educations reports, records or relevant test results contained in Your Child's Educational Records

What is the purpose of Your Child's school disclosing Your Child's Educational Records to TennCare?

The purpose of Your Child's school disclosing and sharing Your Child's Educational Records with TennCare is so:

1. TennCare can share the records with Your Child's MCO
2. TennCare can share the records with Your Child's Primary Care Provider (PCP)

So that Your Child's MCO and PCP can review the records to provide feedback to the School concerning services provided to Your Child.

By signing this release, I understand and agree that:

1. TennCare may access my TennCare information or my insurance information.
2. TennCare may access my child's TennCare information or my child's insurance information so that My Child may be eligible for payment of services under the **Assistance to States for the Education of Children with Disabilities Federal Program.**
3. My consent to disclose My Child's records is voluntary.
4. I can take back my consent to allow the school to disclose My Child's records at any time.

By signing this release, I give permission for

_____ Name of School

To release information concerning:

_____ Full Name of Child

_____ Street/Physical Address of Child

_____ City/State/Zip - Address of Child

_____ Child's Social Security Number

Parent/Guardian Name and Signature:

_____ Parent/Guardian Printed Name

_____ Parent / Guardian Signature

_____ Date