



## CONSENT FOR THE USE OF PRIVATE INSURANCE

As the parent of \_\_\_\_\_, I voluntarily give consent for the use of the following private insurance policy to be accessed for the purposes of payment for the below early intervention service(s) as found on my child's Individualized Family Service Plan (IFSP): \_\_\_\_\_

Private Insurance Policy

I understand that any co-payment or deductible will be the responsibility of the early intervention provider as long as this service is provided under early intervention. Services that I obtain that are not part of my child's IFSP will be my responsibility, i.e. to pay for co-payments and deductibles as are my insurance premiums. I have been fully informed of all information relevant to the use of insurance and I understand and agree in writing to the release of any and all EI records including:

\_\_\_\_\_

EI Service	Frequency	Length	Duration	Intensity	Date of Consent

\_\_\_\_\_  
Parent's signature

\_\_\_ I do not give consent on this date of \_\_\_\_\_ and understand this refusal does not relieve the provider from its obligation to provide appropriate EI services.

Parent's signature: \_\_\_\_\_