Indiana Department of Health

Center for Deaf and Hard of Hearing Education

Consent for Service

The Center for Deaf and Hard of Hearing Education has obtained a mobile unit as an avenue for statewide outreach. The Center's mission is *to promote positive outcomes for all deaf and hard of hearing children through information, services and education*. Our mobile unit will travel throughout the state to provide assistance to local professionals and service to families to reach our Center vision of *deaf and hard of hearing children having resources and support to reach their full potential*.

Mobile unit services may include audiologic services for screening, diagnostic and management purposes. Your child may receive testing and/or maintenance on amplification devices. Other services may include child/classroom observation and/or assessment of communication, language, and educational skills. When beneficial to long-term needs of your child, referrals may be made to local providers for ongoing assistance. Time during our visits can be used to consult with parents/guardians, the child and ongoing service providers.

Notes and reports related to these services shall be maintained in the child's records within the Indiana Department of Health, Center for Deaf and Hard of Hearing Education.

If you have any questions about the Center for Deaf and Hard of Hearing Education's mobile unit, please contact Bethany Colson, Center Executive Director at bcolson@isdh.in.gov or 317-232-0998.

I, ____, give consent for the Center for Deaf and Hard of Hearing Education to provide the above mentioned services to my child, __________________________, via their mobile unit.

I have read and understand the contents of this permission for service form. I understand that information and/or reports obtained from services provided during the Center for Deaf and Hard of Hearing Education's Mobile Unit visit(s) will become part of my child's Center records. Information may include but may not necessarily be limited to audiology and other assessment reports. Records are subject to the regulations imposed by the Family Education Rights and Privacy Act (FERPA) of 1974 (Public Law 93-380) and to the Health Insurance Portability and Accountability Act (HIPAA).
This consent is effective from the date of my signature on this form until I ask for this consent to be revoked or until the following date or event ______________. This consent is subject to revocation by me at any time, if done so in writing. However, revocation of this consent will not affect the services provided or information obtained prior to revocation.

I HAVE READ AND UNDERSTAND THE CONDITIONS OF THIS FORM.

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Signature of Parent/Legal Guardian Date