

MEDICAID PARENTAL CONSENT NOTIFICATION LETTER

Consistent with requirements in 34 CRF 300.503(c) and in the event that your child requires health related services pursuant to an Individual Education Plan (IEP) we hereby give notice of the following:

- 1) That a written and signed parental consent has been or will be obtained before accessing a child's or parent's public benefits or insurance acknowledging that the parent or guardian understands and agrees that the public agency may access the child's or parent's public benefits or insurance to pay for services under 34 CFR part 300;
- 2) That personally identifiable information may be disclosed for the purpose of seeking reimbursement for Medicaid covered health-related services to its billing agent, other healthcare providers, the applicable State Agency or Insurance Program, and/or the Illinois Department of Healthcare and Family Services (HFS) as necessary to process Medicaid claims;
- 3) That health related services pursuant to an Individual Education Plan (IEP) will be provided to your child with no out-of-pocket expense to the child's parent or guardian; and
- 4) That you have a right under 34 CFR part 99 and part 300 to withdraw your consent to disclosure of your child's personally identifiable information and that your withdrawal or refusal of consent does not relieve this public agency of its responsibility to ensure that all required services are provided at no cost to the parent or guardian.