Early On® 受保护信息请求表（健康）
Early On® Request for Protected Information (Health)

孩子信息 **Child Information**	
孩子姓名： Child's Name:	出生日期： Date of Birth:
家长/监护人姓名： Parent's/Guardian's Name:	

用途 **Purpose**
此请求表旨在收集确定您孩子的 *Early On* 资格以及规划和提供通过多学科团队流程确定的服务所需的信息。 The purpose of this request is to collect information necessary to determine your child's eligibility for *Early On*, and to plan and provide services as determined through the multidisciplinary team process.

有权与 *Early On* 分享信息的医疗提供者 **Medical Provider(s) Authorized to Share Information with *Early On***	
下列医疗提供者有权分享我孩子的上述特定信息。 The medical provider(s) listed below have permission to share the specific information listed about my child.	
医疗提供者： Medical Provider:	与 *Early On* 分享的特定信息： Specific information to be shared with *Early On:*
医疗提供者： Medical Provider:	与 *Early On* 分享的特定信息： Specific information to be shared with *Early On:*

授权
Authorization

下面的签名表明我知道：

My signature below means I understand that:

- ✓ 我允许分享孩子相关信息的授权属于自愿，并在我孩子退出 *Early On* 或 3 岁生日时到期。
- ✓ My authorization to allow the sharing of information about my child is voluntary and expires upon exit from *Early On* or my child's third birthday.
- ✓ 有关行为和心理健康服务或传染病（比如性传播疾病和人类免疫缺陷病毒（HIV 感染、获得性缺陷综合征或与 AIDS 相关的综合征）的信息，如果我在此处用姓名的首字母签名____或列出上述此类信息，则可以分享。
- ✓ Information regarding behavioral and mental health services or communicable diseases such as sexually transmitted diseases and human immunodeficiency virus (HIV infection, Acquired Deficiency Syndrome or AIDS related complex) may be shared if I initial here ____ or if I list this type of information above.
- ✓ 根据本授权收到的信息将纳入我孩子的教育记录，受《家庭教育权和隐私法》(FERPA) 保护，并且将不再受《健康保险可携性和责任法案》(HIPPA) 保护。
- ✓ Information received under this authorization becomes part of my child's educational record, is protected by the Family Educational Rights and Privacy Act (FERPA), and will no longer be protected by the Health Insurance Portability and Accountability Act (HIPPA).
- ✓ 作为受《家庭教育权和隐私法》(FERPA) 保护的教育记录的一部分，*Early On* 可能会重新披露该信息。

- ✓ Information may be re-disclosed by *Early On* as part of the educational record protected by FERPA.
- ✓ 我可拒绝签署此授权。
- ✓ I may refuse to sign this authorization.
  - o 拒绝签名可能会影响 *Early On* 获得证明我孩子满足 *Early On* 资格标准所需信息的能力。
  - o Refusal to sign may affect the ability of *Early On* to obtain information necessary to demonstrate that my child meets *Early On* eligibility criteria.
  - o 如果发现我孩子有资格获得 *Early On*，则拒绝签署此授权不会影响我获得 *Early On* 服务的能力。然而，获得的信息有助于提供针对我孩子的个性化服务。
  - o If my child is found eligible for *Early On*, refusal to sign this authorization will not affect my ability to obtain *Early On* services. However, the information obtained can help provide services that are individualized for my child.
- ✓ 我可以随时通过书面记录通知 *Early On* 撤销或取消同意，而无需罚款。已经基于此授权分享的信息无法收回。
- ✓ I may revoke or cancel consent at any time, without penalty, by notifying *Early On* in writing. Information that has already been shared based on this authorization cannot be taken back.

我已经阅读并理解此授权表（或者已经有人用我理解的语言向我阅读），并且：

I have read and understand this authorization form (or it has been read to me in a language I understand) and:

- ❑ 我授权上述医疗提供者或指定人员进行口头、书面和/或以电子方式通信，以便分享指定的记录和信息。
- ❑ I authorize the above listed medical provider or designee to engage in verbal, written, and/or electronic communication in order to share specified records and information.

  或

  OR
- ❑ 我不希望此时分享任何信息。
- ❑ I do not wish to have any information shared at this time.

家长/监护人签名： Signature of Parent/Guardian:	与孩子的关系： Relationship to Child:	日期： Date: