



Enter Local tiny-k Program specific info here

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|------------------|
| Family |
| Address |
| City, State, Zip |
| Child's Name |
| DOB |

Update New

Protections:

Kansas Infant-Toddler Services through the local tiny-k programs are required by the Individuals with Disabilities Education Act (IDEA) to inform parents of the following protections regarding payment for early intervention services:

- Parents must provide prior consent to the local tiny-k program before early intervention services can be billed to the parent's private insurance.
- Parents must provide consent when the local tiny-k program seeks to use the private insurance or benefits to pay for the initial provision of an early intervention service in the IFSP; and each time consent is required due to an increase in frequency, length, duration, or intensity in the provision of services in the child's IFSP.
- Parents are not required to enroll in a public benefits or public insurance program to receive early intervention services from Kansas Infant Toddler Services through the local tiny-k program
- Early intervention services, as specified in the child's Individualized Family Service Plan (IFSP) and to which the parent has consented, will not be denied due to a parent's refusal to allow their private insurance to be billed for such services.
- Parents must provide prior consent to the local tiny-k program before a child's personally identifiable information can be submitted for billing purposes.
- Parents have the right to withdraw their consent to disclose their child's personally identifiable information at any time without affecting the intervention services their child is receiving as specified in their child's IFSP
- Parents must be informed that there may be a decrease in available lifetime coverage or any other insurance benefit for the child or parent. If parental consent is not given, the local tiny-k program must still make available those Part C services on the IFSP for which the parent has provided consent.
- Parents must be informed that use of their public insurance coverage may result in the parents paying for services that would otherwise have been paid for by the public benefits or insurance program. If parental consent is not given, the local tiny-k program must still make available those Part C services on the IFSP for which the parent has provided consent.
- Parents must be informed that billing their public insurance may affect the premiums or cancelation of public benefits or insurance. Co-payments are reimbursable through the local tiny-k program, as early intervention services are provided at no cost to the family. Parents are responsible for payment of insurance premiums. If parental consent is not given, the local tiny-k program must still make available those Part C services on the IFSP for which the parent has provided consent.
- Parents must be informed that using their public insurance coverage may result in the loss of eligibility for the child or parent(s) for home and community-based waivers based on total health-related costs. If parental consent is not given, the local tiny-k program must still make available those Part C services on the IFSP for which the parent has provided consent.

Parent(s)/Guardian Acknowledgment and Statement of Consent

I acknowledge being provided a copy of the [Child and Family Rights and the KS ITS Complaints Process – Kansas Infant Toddler Services](#), and the [Part C Services Financial System of Payments](#). This information has been explained to me and I understand it. As discussed in this information, I have the right to contact the Kansas Department of Health and Environment at 785.296.6135 or 1.800.332.6262 and make an informal complaint, formal written complaint, request mediation and/or an impartial due process hearing should I disagree with the above proposed or refused action(s). For more information, I may also consult the Kansas Infant Toddler Services website at <http://www.ksits.org/families.htm>

I understand that all services will be provided to my child, without delay, without regard to private health insurance coverage status during the time frame of the IFSP. If the level of services increases during the duration of the IFSP, a new consent authorization form must be signed. Services to be provided are documented in the child's IFSP.

I give my consent. I give my consent for the local tiny-k program to submit claims to my private health insurance for covered services. I authorize my private health insurance to make these payments to the local tiny k program. I authorize the release of any information from the local tiny-k program to my private health insurance as necessary to request payment of benefits. I understand these costs may increase my premiums and count against the lifetime cap of my private health insurance. I understand that I may revoke this permission at any time by notifying in writing my local tiny-k program Family Service Coordinator.

I do not give my consent.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Note: Parents are to receive a copy of this form.

Private Health Insurance Consent/Authorization

v 7.9.14

Automatic withdrawal for Flex Spending Account/Health Reimbursement Account? Yes No

Primary Insurance

Policy Holder's Name: _____

DOB: ____/____/____

Policy Holder's Address/Phone #, if different than child's: _____

Carrier: _____

ID: _____

Group: _____

Group #: _____

Plan Street Address: _____

City/State/Zip

Phone #

Secondary Insurance

Policy Holder's Name: _____

DOB: ____/____/____

Policy Holder's Address/Phone #, if different than child's: _____

Carrier: _____

ID: _____

Group: _____

Group #: _____

Plan Street Address: _____

City/State/Zip

Phone #