

**Consent for Treatment, Release of Information,
and Reimbursement for Non-IEP Nursing Services**

By my signature below, I consent for Florence County School District #3 (the District) to:

- provide Non-IEP Nursing services to my child;
- release and exchange the following information from my child's record to the Department of Health and Human Services (Medicaid Agency) for the purpose of billing for the Non-IEP Nursing services provided to my child – information about the service provided, my child's name, date of birth, Medicaid or health insurance number, gender, and my contact information;
- bill the Medicaid Agency for the Non-IEP Nursing services; and
- receive payment from the Medicaid Agency for the Non-IEP Nursing services that the District provides to my child.

I understand that:

- Medicaid reimbursement for Non-IEP Nursing services provided by the District will not affect any other Medicaid services for which my child is eligible.
- The District will continue to provide required Non-IEP Nursing services for my child at no cost to me even if I refuse to allow billing for services.
- Granting consent is voluntary on my part and may be revoked at any time. If I later revoke consent, that revocation is not retroactive (i.e., it does not negate an action that has occurred after the consent was given and before the consent was revoked).
- The District will operate under the guidelines of the Family Educational Rights and Privacy Act (FERPA) to ensure confidentiality regarding my child's treatment and provision of Non-IEP Nursing services.

Student's Name _____

Student's Signature _____ Date _____

Student's Date of Birth:

Student's Medicaid #:

Signature of Parent/Guardian _____

Date _____