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State Superintendent of Schools

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AUTHORIZATION FOR RELEASE OF INFORMATION

Parent/Guardian Name: _____

Participant Name (child): _____

Provider/Covered Entity: Maryland State Department of Education - Early Childhood Mental Health Project Service Provider.

Name:

Address:

Requestors: The Early Childhood Mental Health Project (ECMH) is funded through the Maryland State Department of Education (MSDE). MSDE is requesting that all of its ECMH grantee programs collect information on both the children and the child care facilities it serves for the purpose of tracking program effectiveness, determining positive child outcomes, and ensuring financial integrity. Local ECMH programs collect this information and enter it into the MSDE Outcome Monitoring System (OMS). The purpose of the MSDE OMS is to monitor and improve ECMH services provided to families and child care programs and to show the impact of ECMH services on child outcomes.

Purpose of Release: This release provides MSDE the ability to link information entered into the OMS with MSDE's longitudinal data system in order to determine the long term impact of ECMH services on child outcomes.

Requested Child Information: The information collected about the child is: the child's full legal name, date of birth, gender, race, ethnicity, parent's name, developmental screening summary information and if the child receives/d public school services under an Individualized Family Services Plan (IFSP) or an Individualized Education Plan (IEP). By signing below, you agree to the sharing of this information about your child. If you do not agree to sharing information about your child, ECMH programs will still provide services to your child and will not enter identifying information about your child into the MSDE OMS system.

Child Care Facility Information Collected: The information collected about child care facilities is the facility name, date and source of referrals to ECMH, dates and times services are provided at the facility, environmental screening results and summary information from parent surveys. This facility information does not include any information that would allow a child receiving ECMH services to be individually identified.

Your right to inspect/amend/correct these records. Any participant has the right at any time to inspect their information that was collected by the ECMH grantee for MSDE.

Who has access to this information?

Personally identifiable information will not be available for public inspection. Personally identifiable information collected by ECMH grantee will only be shared with MSDE for the purposes described above in this release. No identifiable information will be released to the public at any time.

Authorization to release mental health records: N/A. The only information collected by MSDE is listed under the major section headed, "Requested Child Information."

Revocation: I understand that I may revoke this authorization at any time, by giving written notice to the Early Childhood Mental Health Consultant, at the address listed above. I understand that revocation is only effective after the written notice is received by MSDE, and that any use or disclosure of the information under this authorization made before the revocation is effective will not be affected by the revocation.

SIGNED RELEASE FOR CHILD INFORMATION

By my signature below, I agree that ECMH may collect information about my child as listed above in 'Requested Child Information.'

Signature of Parent/Guardian: _____ Date: _____

Copies provided: I understand that I am entitled to receive a copy of this authorization.

Original not required/copy equivalent to original: Any facsimile, copy or photocopy of the authorization authorizes the release of all records requested herein.

Any questions or concerns about the contents of this release or the information requested may be directed to the ECMH Grant Monitor at 410-767-8959.