

Permission to Share Developmental Screening Results with the Vermont Department of Health

Parent/Guardian Name: _____

Child's Name: _____

Date of Birth: ____ / ____ / ____

RELEASE OF INFORMATION

I consent for [Practice/Agency Name] to share a summary of my child's developmental screening results with the Vermont Department of Health. I understand that my child's results will be added to a statewide online Developmental Screening Registry that helps health, education, and community providers share screening results and information. Results for any of these four screening tools listed below may be included:

- **ASQ-3** – Ages and Stages Questionnaires (Third Edition)
- **ASQ:SE-2** – Ages and Stages Questionnaire: Social Emotional (Second Edition)
- **M-CHAT-R** – Modified Checklist for Autism in Toddlers (Revised)
- **M-CHAT-R/F** – Modified Checklist for Autism in Toddlers (Revised with Follow-Up)

PURPOSE OF RELEASE

Identifying developmental concerns early helps children and families get the support they need. Health care and other providers use developmental screening information to connect families with helpful services.

What I Understand:

- I understand why I am being asked to release my child's screening results. I understand that my child's screening results will be added to the Developmental Screening Registry.
- I understand that signing this release is voluntary.
- I understand that I do not have to consent to releasing this information. I do not need to consent to releasing this information to obtain my child's screening results or to have my child's screening results shared with healthcare providers.
- I can change my mind and cancel this authorization at any time. I understand that any information shared before the cancellation will remain in the Developmental Screening Registry.
- If I want to cancel my consent, I must do so in writing and send it to [Provider Address].
- Unless I cancel this authorization, this authorization shall remain in effect until my child reaches the age of six years.
- I can request a copy of this release, which may be in electronic form.
- A copy of this signed form is just as valid as the original.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____