



SoonerStart Consent for Medicaid Reimbursement

CHILD'S NAME _____ DATE OF BIRTH _____

SoonerStart has provided you with information about Oklahoma's system of payments for early intervention services which includes seeking reimbursement from the Oklahoma Medicaid agency if your child is currently enrolled in Oklahoma Medicaid (SoonerCare). Parental consent must be obtained before personally identifiable information is disclosed to bill Medicaid. You have the right to decline SoonerStart's request to access your child's Medicaid benefits. You may withdraw your consent for SoonerStart to release personally identifiable information to bill for Medicaid compensable services at any time. If you do not provide consent for SoonerStart to bill Medicaid for Medicaid compensable services, the SoonerStart program must still make available the services on the IFSP to which the parent has provided consent.

____ **YES**, I give my consent for SoonerStart to release personally identifiable information from my child's SoonerStart record to bill the Oklahoma Medicaid Program (SoonerCare) in order to obtain reimbursement for early intervention services provided to my child.

- I understand that I may revoke my consent in writing at any time.
- Unless revoked, my consent is valid while my child is enrolled in the SoonerStart Early Intervention Program.

____ **NO**, I do not give consent for SoonerStart to release personally identifiable information from my child's SoonerStart record to bill the Oklahoma Medicaid Program (SoonerCare) in order to obtain reimbursement for early intervention services provided to my child.

Parent/Caregiver Signature

Date

Parent/Caregiver Printed Name

FOR OFFICE USE ONLY:

Date entered in EdPlan _____

Staff initials _____

Appendix T