

Use of the “Exchange of Information” Form

The “exchange” form is intended to obtain parent/guardian consent for providers to communicate. The page after it contains a script that can be read to the individual. It can be copied on the back of the “exchange of information” form so that the two pages stay together if you like.

Section one: Mark the reason for the exchange of information; it is ok to mark all three boxes. While it is required to include the 3 reasons we may want to communicate, it is not that important which ones you check.

Section two: Ask family to mark all relevant entities. In order to use the form across county lines, some of the choices use more generic terms (e.g., hospital, mental health center, or court services;) please write in the name of that entity. When possible, inquire about a specific person with whom they have worked. Please get the name of the school and obtain release to talk to Tri-County Special Education Association if it is a rural McLean County school; TCSEA is where many of the schools’ social workers and school psychologists are employed. If they provide an “other,” get both the name of a contact person and contact information.

Section three: Check all the types of information they are willing to have shared across providers. Although **we cannot check the boxes in advance of talking with a parent**, one way to approach both section two and three is to ask families if there are any of these they would NOT wish to be included rather than the other way around. Keep in mind, having the release does not mean that any professional MUST share information, but that we CAN share information when it is in the best interest of the client. When in doubt, providers will check in verbally with parents about sensitive information during the period of time the release is in effect. **If you are in the position where you MUST send the document to parents and are not able to talk through the sections, you can use pencil to indicate the boxes and blanks you recommend parents complete and send along a note to ask parents to mark in pen those that they endorse.**

Section four: Most families will check both spoken and written communication, but we give them the option to limit communication to one or the other or to include another form of communication such as sign language.

Section five: If the family wishes to allow communication for a period briefer than a year, you should include that on line 3. Providers need to be aware of this date and secure and circulate to others a signed form at least annually.

Section six: Obtain parent/guardian consent, date the page, sign your name as witness, and note the agency you work for. If the child is older than 12 years of age, he/she can also sign to indicate agreement.

Once complete, contact the other entities by telephone and fax the form.

Dear Parent or Guardian,

I am part of the children's service team here in the county which is made up of all the groups listed on the back of this page. We are working together to support all parents as they raise their children to be happy, healthy, and successful citizens. We have come to realize that it is becoming harder and harder for families to do this because of all of the stress we and our children are facing in the world today. We are eager to get to know your child and want to be able to offer whatever kinds of support might be helpful to him or her over the next year. In order for us to talk about the needs of your child and all the possible resources which might be available, we need to ask your consent to communicate with one another. You can give us permission by checking the boxes next to the different team members.

You also have the opportunity to indicate the kinds of information you would like for us to share. This form allows us to exchange information for a year, but you can change your mind about any part of it whenever you want.

Thanks for giving us the opportunity to get to know your child and allowing us to partner with you in fostering healthy development! We hope you will share with your family and friends our vision...

“Families in our community will utilize and value a comprehensive continuum of services to promote children’s social and emotional development which will, in turn, effectively reduce at-risk behaviors and strengthen relationships.”

Parent/Guardian Name(s): _____

Address: _____

Phone Number(s): _____

E-mail: _____

Medicaid Number/ Insurance Provider & Number _____