| **department of health services**  Division of Medicaid Services  F-00634B (07/2021) | | | | **STATE OF WISCONSIN** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **RECORD ACCESS LOG**  **BIRTH TO 3 PROGRAM** | | | | | | | |
| Use of this form is voluntary. Use of this form meets the requirements of Part C regulations § 303.406. | | | | | | | |
| Child’s Name | | | | | | Date of Birth | |
|  | | | | | |  | |
| County Program/Agency Name | | | | | | Date | |
|  | | | | | |  | |
| The county program/agency IFSP team members, including parents, with unlimited access to this early intervention record. | | | | | | | |
| Name | | Title | | | | | Program/Agency Name |
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| State, county, or additional agency staff (billing, filing, auditing) that have a legitimate need for access and or information that is a part of this early intervention record. | | | | | | | |
| Name | | Title | | | | | Program/Agency Name |
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| All Information contained in a child’s record is confidential. All persons or agencies requesting to view or receive information from the record are bound by the confidentiality requirements of Wisconsin Administrative Code DHS 90 and Part C regulations, Individuals with Disabilities Education Act, state and federal law. | | | | | | | |
| List agencies/individuals that have accessed or received information from this record and are not part of the IFSP team or listed above. | | | | | | | |
| Date | Name/Title | | Program/Agency Name | | List Information Shared/Purpose | | |
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