



SEVIER COUNTY BOARD OF EDUCATION

Department of Special Education

320 Cedar Street

Sevierville, TN 37862

Dr. Sandy Enloe, Director

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Parental Notice Regarding Fee for Services Claims

The requirements of the family Educational Rights and Privacy Act, make it necessary for me to advise you that beginning with the 2004-05 school year, The Sevier County School System is sharing certain student information with Medicaid and its authorized representatives. The purpose of this information sharing is that the Sevier County School system is requesting reimbursement from Medicaid for certain medical services that some Special Education personnel provide to students. *This information sharing applies to students receiving Medicaid only, or those whose only medical insurance is TennCare. This notice does not apply to families with employer provided coverage or other private medical insurance. However, since a student's insurance status could change, we would like this one-time acknowledgement returned from one parent of each special education student.*

This student information includes names, birth dates, Medicaid numbers and social security account numbers of these students, and a description of the type(s) of service(s) provided, the date(s) of these services, and length of each service. Sharing this information with Medicaid and its authorized representatives will not affect the student's premiums, co-pays, or services under Medicaid. It will allow the school system to offset the local costs of providing such services with federal funding instead of state or local tax money.

If you are a parent or guardian of a student who has received such eligible services, or if you have reached the age of 18 and have received or will be receiving such eligible services, please indicate your consent to this personal information sharing by signing below. You may object to this disclosure of student information with respect to your child (or yourself if 18 or older) at any time by notifying the Sevier County Special Education Department of your objection in writing. Any such objection should be mailed to me at the address above.

If we receive your written objection, we will act as soon as reasonably possible to cease sharing this information with respect to your child or yourself. Upon written request, you are entitled to receive a copy of the student information provided pursuant to this notice. Any such written request should be mailed to the person and address noted above.

Call if you have any questions or concerns, and ask to speak with either Jeff Romanczuk or Nancy Wohl.

Thank you, *Sandy Enloe*

I have received a copy of this notice and consent to sharing the information listed in the second paragraph.

Signature

date

Parent's printed name

Student's printed name