| **department of health services**Division of Medicaid ServicesF-00634B (07/2021) | **STATE OF WISCONSIN** |
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| **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 |
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| County Program/Agency Name | Date |
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| 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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