

CDS State IEU

146 State House Station
Augusta, Maine 04333
Phone: (207) 624-6660
Fax: (207) 624-6784

CDS Aroostook

985 Skyway Street
Presque Isle, Maine 04769
Phone: (207) 764-4490
Fax: (207) 769-2275

CDS Downeast

247 Main Street
Machias, Maine 04654
Phone: (207) 255-4892
Fax: (207) 255-6457
Ellsworth Location:
Phone: 667-7108
Fax: 664-0461

CDS First Step

5 Gendron Drive, Suite 1
Lewiston, Maine 04240
Phone: (207) 795-4022
Fax: (207) 795-4082

CDS Midcoast

91 Camden Street, Suite 108
Rockland, Maine 04841
Phone: (207) 594-5933
Fax: (207) 594-1925
Damariscotta Location:
Phone: 563-1411
Fax: 563-6312

CDS Opportunities

16 Madison Avenue
Oxford, Maine 04270
Phone: (207) 743-9701
Fax: (207) 743-7063
Rumford Location:
Phone: 369-9373
Fax: 369-0873

CDS PEDS

325E Kennedy Memorial Drive
Waterville, Maine 04901
Phone: (207) 877-2498
Fax: (207) 877-7459
Farmington Location:
Phone: 778-6262
Fax: 778-5548

CDS Reach

50 Depot Road
Falmouth Maine 04105
Phone: (207) 781-8881
Fax: (207) 781-8855
Topsham Location:
Phone: 729-8030
Fax: 729-8022

CDS Two Rivers

250 State Street
Brewer, Maine 04412
Phone: (207) 947-8493
Fax: (207) 990-4819
Dover-Foxcroft Location:
Phone: 947-8493
Fax: 564-0019

CDS York

39 Limerick Road
Arundel, Maine 04046
Phone: (207) 985-7861
Fax: (207) 985-6703



AUTHORIZATION TO REQUEST AND/OR SHARE INFORMATION AND RECORDS

Child's Name: _____ Date of Birth: _____

Provider with whom information will be shared: _____
one Provider per authorization

I authorize Child Development Services ("CDS") to request and/or share information and records pertaining to my child.

I understand that this Authorization permits CDS to:

- Communicate with the Provider listed above regarding coordination of early intervention / special education and related services for my child.
- Request from the Provider listed above: reports, evaluations, progress notes and recommendations.
- Share with the Provider listed above any information that is maintained in my child's CDS file, whether generated by persons employed by or contracted with CDS.

Specific records / documents to be requested or shared:

- Evaluation Reports
- Educational Plans
- Plans of Care / Treatment Plans
- Progress Notes
- Third Party Payment Parental Consent
- Other (describe) _____

This information will be used for the following purpose(s):

- To assist in determining appropriate educational placement and/or programming
- To assist in determining the need for further medical information
- To provide additional evaluation data
- For data collection / notification purposes at both the local and state level
- Other (describe) _____

CDS applies the Family Educational Rights and Privacy Act regarding confidentiality of client records. Information regarding my child:

- Will be maintained in a confidential file that is available for my review at the CDS office upon request.
- May be shared with persons employed by or contracted with CDS when relevant.

This authorization is effective for the term of my child's IFSP or IEP; a period no longer than twelve (12) months, will be reviewed at the annual IFSP / IEP team meeting, and may be revoked at any time. Revocation does not negate any requested and/or shared information obtained after the consent was given and before the consent was revoked.

Parent / Guardian signature

Date

*Please note that most standard email does not provide a secure means of communication. There is some risk that personal identifiable information contained in email may be disclosed to, or intercepted by, unauthorized third parties. Use of more secure communications, such as phone or fax is always an alternative.