



North Carolina Department of Health and Human Services
Division of Child Development and Early Education
Consent/Authorization Form for Child Medical & Child/Family Evaluations

I. A. Name of Child (First) (Middle Initial) (Last) Date of Birth

B. I hereby authorize (Name of Examiner) to perform:

- A medical evaluation (CME), including diagnostic studies and photographs, on the above-named child.
A child/family evaluation (CFE), including diagnostic studies, on the above-named child.

Furthermore, I authorize the above-named examiner to release the findings of the evaluation(s) only to the Division of Child Development and Early Education (DCDEE), the Child Medical Evaluation Program, another examiner (CME or CFE) working with the child/family, or any agency or individual that DCDEE specifically designates for the examiner.

C. I acknowledge that this evaluation is a component of a child maltreatment investigation; may be used in making decisions regarding allegations of child maltreatment; and regardless of payment source, is a record that belongs exclusively to DCDEE.

This referral is made by authority of (check one):

- Parent
Legal Guardian

Signature of parent/guardian Date Nature of authority (i.e.: parent, guardian)

II. The provider is authorized to claim reimbursement in accordance with the Purchase of Service Contract for the following services provided to the child named above:

- A. Date Case Opened for child maltreatment:
B. Open for Medicaid? yes no Medicaid #
C. Purchase Program I.D. #: 00161 (DCDEE)

- III. A. Facility I.D. # Case #
B. Investigations Consultant: Telephone #
C. Investigations Consultant e-mail address:
D. Signature of DCDEE management:
E. Date: