

Consent Form for Child Medical Evaluation

Name of Child _____

Date of Birth _____

I hereby authorize _____ to perform a Child Medical Evaluations (CME), including diagnostic studies and photographs, on the above-named child.

Furthermore, I authorize the above-named examiner to release the entirety of the medical record to:

- The agency providing protective services to the above-named child (either a County Department of Social Services (DSS) or the Eastern Band of Cherokee Indians (EBCI) Department of Human Services)
- NC Child Medical Evaluation Program (CMEP)
- NC Division of Social Services

I understand and acknowledge that:

- As the parent/legal guardian, I will not have access to the CME report.
- Limited information can be shared with the parent/legal guardian and medical and/or mental health professionals providing care to the child post-evaluation. This may include:
 - Mental health symptoms
 - Physical exam findings
 - Laboratory studies
- This evaluation is used to make determinations of child maltreatment and is a component of a NC child protective services assessment.

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

- Parent
- Legal Guardian
- DSS Director - When acting as temporary guardian of a child found abandoned or without a natural guardian (G.S. § 35A-1220) or when having been vested with parental rights by the adoption or termination of parental rights laws (G.S. §§ 48-3-705 and 7B-1112).
- EBCI Department of Human Services Director
- Judge's Order - In accordance with G.S. § 7B-505.1, when a *court order** authorizes this evaluation.

Date: _____

Signature of parent/guardian _____

**A copy of the court order is not required to be attached to the consent form. It is the responsibility of the local county child welfare agency to maintain a copy in their record.*

Please complete form on page 2

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(To be completed by the referring county DSS)

The provider listed above is authorized to claim reimbursement in accordance with the Purchase of Service Contract for the services, if child is the subject of an open CPS Assessment and a county child welfare agency has referred the child for a CME.

Case open for CPS Assessment (Service Code 210 and 212): YES NO EBCI

County/EBCI: _____ SIS or CNDS# if NC CPS Case ONLY: _____

Is Medicaid the primary insurer: YES NO Medicaid#: _____

I authorize the referral for the above-named child(ren) to receive a CME at the request of:

_____ County DSS

EBCI Department of Human Services.

Date: _____

Signature of county DSS/EBCI Department of Human Services representative

County DSS/EBCI Department of Human Services Worker:

Phone: _____

Email: _____

County DSS/EBCI Department of Human Services supervisor:

Phone: _____

Email: _____