



**Montana Universal Newborn Hearing Screening and Intervention Program**  
**Department of Public Health & Human Services**  
**Family & Community Health Bureau**  
**1400 Broadway, Cogswell Bldg.,**  
**Helena, MT 59620**  
**Phone: (406) 444-1216 Fax: (406) 444-2750**

**Consent for Hearing Evaluation,  
Reporting, and Referral**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Birth Facility/Birth Attendant \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I authorize \_\_\_\_\_ to perform an audiologic evaluation for \_\_\_\_\_ and understand evaluation results will be reported to the Montana Universal Newborn Hearing Screening and Intervention Program for the purpose of monitoring and reporting. Results will also be shared with my child's physician. If my child is diagnosed with a permanent hearing loss, I understand that evaluation results will be shared with the Montana School for the Deaf and Blind (MSDB). The MSDB is required by law (§ 20-8-102, MCA) to serve as a consultative resource to parents of hearing and vision impaired children and will provide information on services available for my child. I understand that I may decline any or all available services. No personally identifying information will be released by the Universal Newborn Hearing Screening and Intervention Program or MSDB for reporting purposes.

This authorization is effective until 30 months after the date cited below and authorizes the release of information concerning hearing intervention provided to our child. We may revoke this authorization at any time by writing on this form that the authorization contained in it is revoked and by signing and dating the revocation. Revocation will not result in loss of potential access to any public health services that we choose to access on our own.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The authorization set forth above is hereby revoked.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_