



Notice of Parental Rights Concerning the Use of Public Benefits or Insurance

The *St. Johns County School District* may request the use of Medicaid or other public benefits or insurance programs in which your child participates to provide or pay for services required under the Individuals with Disabilities Education Act (IDEA), section 300.154(d)(2)(v) of Title 34, Code of Federal Regulations, as permitted under the public benefits or insurance program. The IDEA requires that your school district obtain a one-time parental consent before accessing your child's or your public benefits or insurance for the first time. The one-time parent consent must specify:

1. The personally identifiable information that may be disclosed,
2. The purpose of the disclosure,
3. The agency to which the disclosure may be made, and
4. That you understand and agree that the school district may access your child's or your public benefits or insurance to pay for services under Part B of the IDEA.

The *St. Johns County School District* must also provide written notification to you before accessing your child's or your public insurance for the first time, prior to obtaining the one-time parental consent, and annually thereafter.

You have the right to withdraw your consent to disclosure of your child's personally identifiable information to the agency responsible for the administration of the state's public benefits or insurance program at any time. Withdrawal of your consent or refusal to provide consent to disclose personally identifiable information does not relieve the school district of its responsibility to ensure that all required services are provided at no cost.

The *St. Johns County School District*:

1. May not require you to sign up for or enroll in public benefits or insurance programs in order for your child to receive a free appropriate public education under IDEA Part B;
2. May not require you to incur an out-of-pocket expense such as the payment of a deductible or co-pay amount incurred in filing a claim for services provided pursuant to this part, but the school district may pay the cost that you otherwise would be required to pay;
3. May not use your child's benefits under a public benefits or insurance program if that use would:
 - a. Decrease available lifetime coverage or any other insured benefit;
 - b. Result in your family paying for services that would otherwise be covered by the public benefits or insurance program and that are required for your child outside of the time your child is in school;
 - c. Increase premiums or lead to the discontinuation of benefits or insurance; or
 - d. Risk loss of eligibility for home and community-based waivers, based on aggregate health-related expenditures.

If you have questions about this notification, please contact Exceptional Student Education, 904-547-6043 or the Medicaid Specialist at 904-547-7500.