

Parental Refusal of Diagnostic Hearing Assessment

Infant's Name:

Date Of Birth:

Infant's Address:

Parent's Name(s):

Parent's Phone Number:

Parent's Email Address:

Place Of Birth (Facility Name):

Infant's Provider Who Oversees Well-Child Checks:

Congratulations on the birth of your baby! You have indicated an objection to a diagnostic hearing assessment (test) being performed on your infant/child. We want to ensure you understand some facts prior to signing this refusal form.

First, the hearing assessment would not hurt your baby. Most babies sleep through the test when they are less than six months old.

Second, hearing loss is considered a **Developmental Emergency** according to the American Academy of Pediatrics. Hearing loss occurs in approximately two out of every 1,000 born in the United States. Over 90% of infants born with a hearing loss have parents with no hearing loss. It is not possible to predict which babies will have a hearing loss and some babies with a hearing loss may still respond to some sound.

Third, if your baby does have a hearing loss, it is important to know about it as soon as possible. The Joint Committee on Infant Hearing recommends infants be diagnosed no later than three months of age with a hearing loss to achieve the best possible outcome. Adequate hearing is important for your child to develop language and other developmental skills. A delay in identifying hearing loss leads to delays in a child's ability to communicate. Early detection of hearing loss and enrollment in early intervention before six months of age has been demonstrated to be highly effective in facilitating a child's language and communication development.

Finally, you should not rely on your own ability to determine whether your baby has hearing loss. Reliance on parental recognition to detect hearing loss has not been successful. Your refusal to allow your baby to receive a diagnostic assessment for hearing loss could have significant consequences for your baby's future development.

I have been told about the importance of having my baby's hearing tested. I have read and fully understand the above facts. I will make arrangements with my baby's doctor or pediatric audiologist if I want to have my baby's hearing tested at a later date.



I hereby release, waive, discharge, and covenant not to sue _____
[insert name of provider/facility], the Iowa Department of Health and Human Services,
the State of Iowa, and all employees, officials, staff, and agents of any of these entities
for any liability, claim, and/or cause of action arising out of my refusal to allow this
provider/facility to conduct a hearing assessment on my baby or arising out of any loss,
damage, injury, or illness that occurs as a result of the fact that my baby was not
screened for hearing loss.

Print Full Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

**Original to be filed with the Medical/Education record of this baby and upload a
copy to the baby's record in the EHDI Database (Iowa Newborn Screening
Information System) or fax the signed form 515-242-6013.**