Newborn Hearing Screening

Parent Decline to Screen Form

I, _____, request that a newborn hearing
(Parent or Legal Guardian Name)
screening **NOT** be performed on my baby _____.
(Baby's Name)
I release _____, my physician/health care
(Birthing Facility Name)
provider from identifying hearing loss because I am refusing the hearing screening.

Review and initial each statement below:

_____I was offered a newborn hearing screening for my baby.

_____I was informed of the purpose and benefits of newborn hearing screening.

_____I understand that by declining the newborn hearing screening, potential hearing concerns may not be identified early.

_____I understand identifying hearing loss early supports my baby's speech, language, and overall development.

_____I understand hearing loss may not be noticeable without screening, and I may not be able to detect it on my own.

_____I understand I may choose to have my baby's hearing tested later by contacting my baby's doctor or an audiologist.

_____I am choosing to not have my baby's newborn hearing screening performed at this time.

By signing below, I acknowledge I have reviewed each section of the form, initialed, and confirm my understanding.

_____
Print Name of Parent or Legal Guardian

_____ _____
Signature of Parent or Legal Guardian Date

_____ _____
Signature of Staff Member Date

Health Care Provider Instructions

1. Provide the Newborn Hearing Screening brochure to the parent(s)/guardian(s) and offer to answer any questions after they have reviewed the brochure.

   The brochure can be downloaded at dshs.texas.gov/sites/default/files/tehdi/1-344.pdf, ordered from hhs.texas.gov/providers/health-services-providers/texas-health-steps/thsteps-catalog, or viewed by scanning the QR code.

2. Complete the Newborn Hearing Screening – Parent Decline to Screen Form for each infant when at least one parent declines the newborn hearing screening. Only one parent/guardian signature is required.

3. Ask the parent/guardian to initial all acknowledgment statements then sign, date, and print their name on the form.
   NOTE: Have staff reviewing information with the parent(s)/guardian(s) and have the parent(s)/guardian(s) sign and date the form.

4. Make copies as appropriate:

   - Retain the original in the medical record.
   - Provide a copy to the parent/guardian.
   - Provide a copy to the baby's primary care provider if requested.

5. Document the decline to screen in the Texas Early Hearing Detection and Intervention (TEHDI) Management Information System (MIS) (tehdi.com/tehdi2/Index.aspx) by creating a case note.

For more information:

- Visit dshs.texas.gov/texas-early-hearing-detection-intervention-tehdi;
- Phone: 512-776-6616
- Email tehdi@dshs.texas.gov
- Fax 512-483-7417