



Department of Health and Human Services
Maine Center for Disease Control and Prevention
Children with Special Health Needs
Maine Newborn Hearing Program
286 Water Street
Augusta, Maine 04333-0011
Tel.: (207) 287-8427; Fax: (207) 287-4743
TTY Users: Dial 711 (Maine Relay)

Parental Refusal of Newborn Hearing Screening Follow-Up

Dear Parent:

Congratulations on the birth of your baby!

Your baby has not passed the newborn hearing screening and you have indicated that you are refusing a follow-up appointment for re-screening or audiological testing. We want you to have some further information before you sign this refusal form.

First, the follow-up screening and testing would not hurt your baby. Most babies sleep through the testing.

Second, hearing loss is one of the most common problems in newborns. As many as 50 babies born in Maine each year may have a hearing problem.

Third, if your baby does have a hearing loss, it is important to know about it as soon as possible. Knowing about hearing loss early allows a child to get the special help needed for language and social development. You cannot always tell by watching a baby how well he/she can hear. Studies show that many children with hearing loss are not identified until they are over two years old.

If you do not have insurance or funds to pay for the follow-up testing, Child Development Services will help you with the cost of the follow-up services. Their phone number is 877-770-8883.

I, _____ (parent/legal guardian), am refusing to allow
_____ (hospital) to make an appointment for follow-up hearing screening and/or audiological
testing on _____ (name of baby) _____ (date of birth) who did not pass newborn hearing
screening.

I have been told about the importance of having my baby's hearing re-screened/tested. I have read and fully understand the above facts. I will make arrangements with my baby's health care provider if I want to have my baby's hearing tested at a later time.

I hereby release this hospital, the Maine Newborn Hearing Program, and the state of Maine and all employees, officials, staff, agents, and volunteers of these entities and agencies for any liability, claim, and/or cause of action arising out of my refusal to arrange for follow-up testing on my baby or arising out of any loss, damage, injury or illness that occurs as a result of the fact that 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 tested/evaluated for hearing loss.

_____ (Signature of parent/legal guardian)

_____ (Signature of witness)

Date: _____

Please fax signed copy to the Maine Newborn Hearing Program at fax number (207)287-4743

Retain a copy for the baby's record