

Participant Consent for Healthy Beginnings Program

The Healthy Beginnings Program contracts with community agencies that work together as one program to provide screening, assessment and a variety of prevention and early intervention services to eligible children and families.

This signed consent signifies my agreement, and that of my minor children, whether named below or born within one year of my signing this form, to participate in a system of Healthy Beginnings service providers who operate as a single program focused on healthy births, keeping young children free from abuse and neglect, and enter school ready to learn. System services may include screenings, assessments, treatment, and referrals to services that will support my family in meeting identified goals.

I understand that:

- All information collected about me or my minor children while participating in these programs and services will be protected from disclosure and misuse as described in the Notice of Privacy Practices, under the requirements of HIPAA.
- Services offered through the Healthy Beginnings Program are voluntary and I have the right to participate in recommended services which I find appropriate.
- I have the right to refuse the service plan or request a change in an assigned staff member or service provider, if there is more than one provider, without the risk of losing services.
- I have the right to have my complaints, questions, and suggestions heard and to receive a timely response.
- I have the right to withdraw my consent, in writing, and stop participation in services at any point in time. (Withdrawing consent will not affect care and treatment if I decide to seek services in the future.)
- I have the right to expect that participating agencies will deliver competent, quality services without discrimination.
- This signed consent allows participating agencies to establish a family chart, maintain client records and enter my personal information into a client data system. Information to be collected may include: demographics, screening and assessment results, referrals to services, treatment plans, and case/progress notes. This information will be available to those participating agencies who are directly working with me and my family for the purpose of planning and providing services.
- My family chart may be reviewed for administrative, fiscal, evaluation, audit purposes; or to ensure quality and my personal information may be shared with other agencies to evaluate the impact of the program. Any reports produced from such review will not contain identifying family information.
- Participating agencies will comply with state laws that require them to report if we suspect a child is being abused or neglected.

_____ My initials show I had a chance to ask questions about the Healthy Beginnings Program, my questions were answered, and I was given the *Notice of Privacy Practices* to read and keep.

After reviewing all of the information on this form, I am indicating consent for my participation and, if applicable, my minor children to participate in the Healthy Beginnings Program.

Participant's Signature Participant's Printed Name Date

Additional Participant's Signature Additional Participant's Printed Name Date

For minor child under 18:

Child's Name Child's Name

Child's Name Child's Name

Child's Name Child's Name

Child's Name Child's Name

Child's Name Child's Name

Parent/Legal Guardian Signature Parent/Legal Guardian Printed Name Date