

# Participation Agreement

## Healthy Families Indiana Consent to Voluntarily Participate in Services, Family Rights, Confidentiality, and Acknowledgement of Grievance Policy

### Family Rights:

- **What is HFI?** Healthy Families Indiana (HFI) is a no-cost, voluntary home visiting support program designed to promote healthy children and families through a variety of services, which includes support with child development, health and well-being, community resources, and parent education.
- **Who pays the bill for HFI services?** HFI is mainly funded by the Indiana Department of Child Services (DCS). You will not pay for these services.
- **What rights do you have while receiving HFI services?**
  - The right to be treated respectfully by staff who appreciate your culture, beliefs, and values;
  - The right to end HFI services at any time you wish, since participation is always voluntary;
  - The right to confidentiality of your records;
  - The right to ongoing participation in the planning of the services you receive;
  - The right to decline to participate in research, if applicable;
  - The right to receive copies of your records;
  - The right to be referred to other community services, when needed; and
  - The right to share any concerns you have about the HFI services you are receiving. \*See Grievance section
  - The right to revoke this agreement at any time, however it may impact your ability to receive HFI services

### Confidentiality:

- **Why do we gather written information?**
  - To document our time together.
  - To support you to develop a written, individualized goal plan to meet your interests and needs; and
  - To document progress.
- **How does Healthy Families Indiana (“HFI”) use your confidential information?**
  - To review your family's interests in areas of health, social services, and education or training;
  - To make reports to our funders, evaluators, or researchers (reports for our funders and the public will use combined participant information that has all your personally identifying information removed);
  - To work cooperatively on your behalf, with other agencies outside of the HFI system (If this is necessary you will be asked to sign a Release of Information to allow this exchange of information with health professionals, consultants, etc.); and
  - For training purposes.
- **How the data are kept confidential:**
  - Information is shared only on a need to know basis with appropriate staff, consultants, and other professionals;
  - The information you provide will be stored in a password protected database;
  - Staff and their supervisors can only access data regarding families to which they are assigned;
  - Any reports and evaluations given to funders are combined data;
  - No individual family is ever identified in data given to evaluators;
  - All employees of the database company sign confidentiality statements, and every security measure available is taken to protect your information; and
  - Data sent to the State of Indiana for purposes of billing and evaluation are encrypted.

Healthy Families Indiana services are available to all individuals regardless of race, color, sex, religious beliefs, sexual orientation, national origin, veteran status, age, and/or mental or physical disability. Healthy Families Indiana is an equal opportunity, affirmative action employer. HFI is partially funded through the Department of Child Services.



- **Are there times when we would share information about you without your permission?**
  - If we have reason to believe any child is being abused or neglected, we are required by law to report to the Indiana Department of Child Services;
  - We must disclose information if ordered by a court; and
  - Your data may also be used to match against the Indiana's child abuse and neglect data system to determine the impact of Healthy Families Indiana outcomes. Such reports are only provided in a combined format that provides no information that directly identifies your family.
  - Your data may also be used to match against data at the Indiana Department of Health to determine how the My Healthy Baby referral system and Healthy Families Indiana are impacting health outcomes. Reports stemming from such data matching are used to improve the My Healthy Baby referral and Healthy Families systems. Data involved in these data matches are combined in a format that provides no information that directly identifies you or your family.

**Grievance:**

- The Grievance Policy was reviewed, explained, and a copy provided to the family.

**Your Participation in Healthy Families Indiana programming is voluntary:** Your participation in HFI services is 100% voluntary and there is no penalty if you decide to withdraw from participating in HFI services.

**This consent is valid until one of the following events occur graduation, termination, or voluntary discharge.**

**By signing below, I am voluntarily consenting, to participate in Healthy Families Indiana services as described in this form. I am confirming I have read (or it has been read to me) and understand all the information above regarding family rights, confidentiality, and grievance policy for Healthy Families Indiana. I am also confirming I have had the opportunity to ask any questions I may have pertaining to this form and its contents, and any questions have been answered to my satisfaction. I understand I will be receiving a copy of this document.**

Parent/Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 1 Printed Name: \_\_\_\_\_

Parent/Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 2 Printed Name: \_\_\_\_\_

\*\*Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Parent/Guardian Printed Name: \_\_\_\_\_

\*\*If the participant is under 16 Parent/Guardian signature is required to participate in Healthy Families Indiana Programs

**Thank you for choosing to be a part of Healthy Families!**

You and your family are very important to us.

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