

You are asking to begin to voluntarily take part in Healthy Families Indiana (HFI) services. This form describes HFI and what it means for you to be involved with these services. We hope you enjoy the benefits that stem from participation in HFI services. Your family is very important to us.

- What is HFI? Healthy Families Indiana (HFI) is a no-cost, voluntary home visiting support program that is designed to promote healthy children and families through a variety of services, which includes access to health care, child development, 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 services you are receiving by contracting your HFI	
	support worker's supervisor at	

<u>Your Participation in this program is voluntary</u>: You may cancel this consent at any time. If you choose to cancel this consent, notify your HFI service provider.

Your HFI service provider will provide you with a copy of this form.

This consent is valid until the following date or event:					
☐ Date://	OR		Event:	,	
/ <u>signing</u> below I am cor	nfirming that	I have	read all of the above consent document for Healthy Famili	es	

Indiana or it has been read to me. I am also confirming that I have had the opportunity to ask questions about this Healthy Families Indiana consent and any questions have been answered to my satisfaction.

Printed name of p	articipant parent ( <i>Required):</i>		Date of Consent OR Date Declined (Required):
Signed name of pa	articipant parent ( <u><b>Required):</b></u>		
(milaio)	I consent, voluntarily, to participate in Healthy Families Indiana services as described in this consent document.	(Initia	ls)



## 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 (you will sign consent forms 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 database that is password protected;
- 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.

## 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 Participation in this program 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.

In signing below, I	acknowledge the above Healthy Families Indiana
	ment was reviewed with me on: Date:
Parent/Guardian Signature:	Date:
D	Deter
Parent/Guardian Signature:	Date:
Home Visitor Signature:	Date: