



- **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 Confidential Data Sharing Acknowledgement was reviewed with me on: Date: _____.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Home Visitor Signature: _____ Date: _____