

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) and a specialized federal grant. 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;
 - The right to share any concerns you have about the HFI services you are receiving (*See Grievance section); and
 - The right to revoke this agreement, including your consent, in writing at any time; understanding that such action 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 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 HFI participant information that has all your personally identifying information removed (If an external (non-staff) evaluator wishes to speak with you, you will be asked to sign an additional written consent before such communication begins.);
 - To work cooperatively, on your behalf, with other agencies outside of the HFI system and with others within the HFI agency to provide quality assurance through shadowing, phone calls, and surveys (If cooperation with other agencies outside the HFI system is necessary, you will be asked to sign a written consent to Release of Information, which allows the exchange of your information with such agencies (e.g., health professionals, consultants, etc.) before any cooperative efforts begin); and
 - For training purposes other employees from the HFI agency may shadow to evaluate services and enhance skills.
- **How the data are kept confidential:**
 - Information is shared only on a need-to-know basis with appropriate HFI staff, consultants (for example, a staff mental health consultant if your family meets eligibility requirements), 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 use combined data, which provides no information that directly identifies you or your family;
 - 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 the 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 DCS;
 - We must disclose information if ordered by a court;
 - Your data may also be used to match against the Indiana's child abuse and neglect data system to determine the impact of HFI outcomes; such reports are only provided in a combined format that provides no information that directly identifies your family; and
 - 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 HFI are impacting health outcomes. Reports stemming from such data matching are used to improve the My Healthy Baby referral and HFI systems. Data involved in these data matches are combined in a format that provides no information that directly identifies you or your family.

Grievance Policy:

- 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 Participation Agreement and consent is valid until you revoke your consent in writing, which may occur at any time, or one of the following events concerning your participation in the HFI program happen: (a) graduation; (b) termination; or (c) voluntary discharge.

By signing below, I am voluntarily consenting to participate in HFI services as described in this form. I am confirming I have read this form (or it has been read to me) and I understand all the information above regarding family rights, confidentiality, and grievance policy for HFI. 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 have received a copy of the Grievance Policy, and I understand I will be receiving a copy of this Participation Agreement and consent 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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