

Healthy Families
PO Box 562, Auburn, IN 46706
260.925.1637 fax: 260.925.3892



HFI CONSENT FOR PARTICIPATION

Healthy Families Indiana is a home visiting program which provides support to parents expecting a child or with a newborn.

I understand:

- this visit is conversational and may take one to one and a half hours;
- it is confidential;
- the questions will focus on knowledge of child development, parenting, my childhood history, my stressors, and my hopes for the future of my family;
- the visit may be observed by management for quality;
- the results of the visit will be documented in a statewide database;
- the information is shared with the funder and evaluator;
- my records are only viewed on a “need to know” basis and will not be released to external sources unless I give permission;
- Healthy Families is obligated to share information without consent if required by law, including suspected child abuse and/or neglect.

As required by the Health Information Portability and Accountability Act of 1996, Children First Center may use your personal health information (PHI) for the purposes of treatment, payment, and the agency’s business operations. The specific uses and disclosures that we intend to make are described in our Notice of Privacy Practices.

- I have the right to review and receive a copy of Children First Center’s Notice of Privacy Practices prior to signing consent.
- I consent to the use and disclosure of my personal health information (PHI) for the purposes of treatment, payment and Children First Center business.
- I also may request restrictions on the uses and disclosures of their PHI in writing to Children First Center at any time.

- I may revoke this consent at any time by contacting Children First Center's Executive Director and signing and dating the request. I further understand that Children First Center is not required to accept my restriction request.

_____ I declined to receive a copy of Children Frist Center's Notice of Privacy Practices.

_____ I have received a copy of Children First Center's Notice of Privacy Practices.

Printed name (adult 1 and 2)

Date of birth (adult 1 and 2)

Address (street, city, state and zip)

Phone

E-mail

Signature/Date (adult 1 and 2)

Assessment Worker/Date

Guardian Signature/Date

5-2018

Agency 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. Agency is an equal opportunity, affirmative action employer. HFI is partially funded through the Department of Child Services.

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