

**KERN COUNTY CHILDREN AND FAMILIES COMMISSION (KCCFC)**

**“First 5 Kern”**

***Informed Consent to Provide Confidential Information***

**Purpose of this Agreement.** I am providing personal information regarding my child(ren) and myself to facilitate coordination of services for my child(ren) and family, and to permit program evaluation that could lead to improved services for me, my child(ren), and the children and families of Kern County and the State of California.

**Data Collection.** Information will be collected on this form and others, such as names, dates of birth, gender, race, place of birth, and other information, related to the services that my child(ren) and I will receive through the Program. These data and data in existing records and files may be entered into the computer data system “Grant Evaluation and Management Solution” (GEMS). Upon request, I may be shown the data collection forms used to obtain information.

**Data Sharing.** I voluntarily agree to allow this Program to share personal information of my child(ren) and myself with F5K and its Principal Investigator “Dr. Jianjun Wang”; authorized Proposition 10 service providers, and with the First 5 California evaluator, for the purpose stated above.

**Identifying Information will be kept private.** My personal identifying information (i.e. names, address, phone) will be removed from any data reporting. Research reports will contain summarized data and never contain my personal identifying information. I understand that personal information may be released without my agreement if I am a victim, or person responsible for the abuse of children, seniors, or other dependants.

Several state (45 CFR 164.508(c)) and federal laws protect the personal and health information I share, including and beyond the federal privacy rule (Public Law 104-191). State and federal laws protect the personal and health information I share even if the Federal Privacy Rule does not do so. I understand that my approval to share my child(ren)’s personal information will end on his / her eighteenth birthday, or when the research study ends, whichever comes first. At that time, all personal information about my child(ren) and myself will be removed. Mosaic Network, Inc. is responsible for investigation of the data and reserves the right of publication of results obtained from their analyses.

**Voluntary Participation:** I voluntarily agree to allow my personal information to be shared as described in this Informed Consent agreement. I understand that if I choose not to sign this Agreement, I will still receive services. If I sign this Agreement, I will receive a copy of the signed Consent for my own use. A copy will be retained on file by the Program and F5K for at least three years. At the end of the retention period, Consent forms may be destroyed. Other F5K-funded programs may only see my personal information if/when I sign Consent to share information with their program.

I may request to have my information removed from F5K’s database at any time. I may also specify information about my child(ren) that I do not want to be recorded in the database. I may cancel this Agreement at any time by completing the form entitled, “Request to Remove Confidential Information”, which will be forwarded to First 5 Kern at 2724 “L” Street, Bakersfield, California 93301, for processing. Personal identifying information will be used by the database administrator (Mosaic Network, Inc.) for removal purposes upon participant’s request. My child(ren) may also cancel this agreement in writing when he/she/they is/are of legal age.

**Risks:** There are no known risks for my child(ren) or myself by allowing personal information to be shared as specified in this document.

**Contact Information:**

- *For questions concerning the nature of the program and the results of this study:* Office of the First 5 Kern, 2724 “L” Street, Bakersfield, California 93301; Phone: (661) 328-8888.
- *For questions concerning issues of privacy and confidentiality:* Dr. Steve Suter, University Research Ethics Review Coordinator, Department of Psychology, California State University, Bakersfield, 9001 Stockdale Highway, Bakersfield, CA 93311; Phone: (661) 654-2373.
- Program Name & Contact Info.: \_\_\_\_\_

**Print the birth name of the child(ren) (ages 0 – 5) for whom Consent is being requested:**

Parent/Legal Guardian is pregnant    Consent updated with child(ren) name(s) \_\_\_\_/\_\_\_\_/\_\_\_\_    By (staff person) \_\_\_\_\_

1. First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex M F
2. First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex M F
3. First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex M F

**Authentication:** (only ONE Parent or Legal Guardian is required to sign)

\_\_\_\_\_  
Signature of Parent or Legal Guardian\*    Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_\_    Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature of Parent or Legal Guardian\*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to child(ren)

\_\_\_\_\_  
Relationship to child(ren)

\*What constitutes “Legal Guardian”? (e.g., court document and date) \_\_\_\_\_

Interpreter: \_\_\_\_\_ Language: \_\_\_\_\_ Date of Interpreter’s Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Print Name

