

KERN COUNTY CHILDREN AND FAMILIES COMMISSION (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 determine appropriate client care and for agency case management. This personal information may also be used to decide if my child qualifies for other programs, services, or financial help. The Kern County Children and Families Commission (KCCFC) and First 5 California will use my information to learn what activities and programs are most useful for children and families.

Data Collection. Personal information in existing records and files, and that to be entered into the computer data system, Outcomes Collection, Evaluation, and Reporting Service (OCERS), includes the information provided on this form, such as, names, dates of birth, gender, race, place of birth and other personal information related to the services I receive through this program. If I request it, I will be shown the data collection sheets used to obtain other personal information regarding my child(ren).

Purposes of Data Sharing. I voluntarily agree to allow this Organization to share personal information about my child(ren) and myself with the KCCFC and its Proposition 10 Program Evaluator, Corporation for Standards & Outcomes (CS&O); authorized Proposition 10 Service Providers, and with the First 5 California Evaluator. The personal information will be used by CS&O for the purposes of evaluating services and recommending program improvements. CS&O will use the personal information to assist First 5 California in determining how programs can help children be ready to learn and do well in school. The Statewide evaluator will use the personal information to assist First 5 California in determining how programs can help children whose parents do not have private health insurance or qualify for MediCal.

Identifying Information will be kept private and will not be shared beyond the KCCFC and CS&O, its authorized Proposition 10 service providers, and the First 5 California Evaluator. 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. The personal information will be used by the database administrator (CS&O) only for removal purposes upon client's request. I understand that my approval to share my child's personal information will end on his / her eighteenth birthday, or the same time the research study ends, whichever comes first. At that time all personal information about my child(ren) and I will be erased from the computerized files. CS&O is responsible for investigation of the data and reserves the right of publication of results obtained from their analysis. **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.

Voluntary Participation: I voluntarily agree to allow this 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. I understand I will receive a copy of this signed document for my own use, and that a copy will be retained on file by the Proposition service provider and KCCFC for at least three years to enable research compliance monitoring and in the case of concerns by research participants. At the end of the retention period the consent forms will be destroyed. Other Proposition 10 Service Providers can only see my personal information with my signed consent when they provide services to me.

I understand that I may request to have personal information removed from the Commission's database at any time. I may also specify information about my child that I do not want to be recorded in the database. I may cancel this Agreement at anytime by completing form entitled, "Request to Remove Confidential Information" and send to the Kern County Children and Families Commission at 2724 "L" Street, Bakersfield, California 93301. My child may also cancel this agreement in writing when he / she is of legal age.

Possible Benefits: The major benefits of my voluntary agreement to share information are: 1) to facilitate coordination of services for my child(ren) and family, and 2) to permit program evaluation that could lead to improved services for me, my child, and the children and families of both Kern County and the State of California.

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

Contacts for Questions I May Have:

1. **For questions concerning the nature of the program and the results of this study:** Executive Director, Kern County Children and Families Commission (KCCFC), 2724 "L" Street, Bakersfield, California 93301; Phone: (661) 328 – 8888
2. **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.
3. **Provider Agency/Organization:** _____

As the legal representative of: (print children's names as they appear on the birth certificate)

| | | | | |
|----------------|--------------|------------|---------------------|---------|
| 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:

| | | | |
|------------------------------------------------|-------------|------------------------------------------------|-------------|
| _____ Signature of Parent or Legal Guardian | Date: _____ | _____ Signature of Parent or Legal Guardian | Date: _____ |
|------------------------------------------------|-------------|------------------------------------------------|-------------|

Print Name

Print Name

Relationship to child(ren)

Relationship to child(ren)

*If legal guardian, what is authority (e.g., court document.) _____

Interpreter: _____ Language: _____ Date of Interpreter's Birth: _____
(print name) (mm/dd/yyyy)

California Research Participant's Bill of Rights

Any person who is asked to participate as a human subject in a research study, or who is asked to consent on behalf of another, has the following rights:

- (a) Be informed of the nature and purpose of the study.
- (b) Be given an explanation of the procedures to be followed in the study, and any drug or device to be utilized.
- (c) Be given a description of any attendant discomforts and risks reasonably to be expected from the study.
- (d) Be given an explanation of any benefits to the subject reasonably to be expected from the study, if applicable.
- (e) Be given a disclosure of any appropriate alternative procedures, drugs or devices that might be advantageous to the subject, and their relative risks and benefits.
- (f) Be informed of the avenues of medical treatment, if any, available to the subject after the study if complications should arise.
- (g) Be given an opportunity to ask any questions concerning the study or the procedures involved.
- (h) Be instructed that consent to participate in the study may be withdrawn at any time and the subject may discontinue participation in the study without prejudice.
- (i) Be given a copy of the signed and dated written Consent Form.
- (j) Be given the opportunity to decide to consent or not to consent to a study without the intervention of any element of force, fraud, deceit, duress, coercion, or undue influence on the subject's decision.

(California Health and Safety Code Section 24172)

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REFUSAL TO PARTICIPATE

The Parent or Legal Guardian named below has chosen NOT to consent to provide confidential personal information about his/her child(ren). This refusal will not affect the delivery of services for his/her child(ren), and personal information concerning them will not be entered into the First 5 Kern database (OCERS).

As the legal representative of: *(print children's names as they appear on the birth certificate)*

| | | | | |
|----------------|--------------|------------|---------------------|----------------|
| 1. First _____ | Middle _____ | Last _____ | Date of birth _____ | Sex <i>M F</i> |
| 2. First _____ | Middle _____ | Last _____ | Date of birth _____ | Sex <i>M F</i> |
| 3. First _____ | Middle _____ | Last _____ | Date of birth _____ | Sex <i>M F</i> |

Authentication:

| | | | |
|------------------------------------------------|-------------|------------------------------------------------|-------------|
| _____ Signature of Parent or Legal Guardian | Date: _____ | _____ Signature of Parent or Legal Guardian | Date: _____ |
|------------------------------------------------|-------------|------------------------------------------------|-------------|

Print Name

Print Name

Relationship to child(ren)

Relationship to child(ren)

*If legal guardian, what is authority (e.g., court document.) _____

Interpreter: _____ Language: _____ Date of Interpreter's Birth: _____
(print name) *(mm/dd/yyyy)*

Signature of Witness: _____ Date: _____

Project Name: _____