

Office of Early Childhood (OEC) Home Visiting Program
Consent for **Home Visiting Program** Participation
Family Rights, Responsibilities and Confidentiality Policy

Program Description

The Office of Early Childhood home visiting program is free of charge to families. It is the parents' choice to receive home visiting services. The home visiting program offers parent education, support and information on community services.

Family Rights and Responsibilities

The program staff know that the decisions families make are important to the lives of their children. Your feedback and participation are important to the home visiting program. Knowing your rights about being part of this program is also important. To protect your rights, the home visiting program would like you to know that:

1. You have the right to choose yes to receive home visiting services, which includes planning activities around your needs.
2. You have the right to choose no and refuse home visiting, or end home visiting services at any time.
3. You have the right to transfer to another home visiting program. Your current program will help you make the change.
4. You have the right to your privacy. Your information and records will remain confidential in both electronic and hard copy.
5. You have the right for your electronic information to be password protected. Your name will not be directly identified in that form (de-identified).
6. You have the right to your privacy, any information that is shared publicly will not include your name, your child's name, your address or any other personal information, (aggregate form).
7. You have the right to look at your home visiting record.
8. You have the right to ask for a copy of your personal home visiting record.
9. You have the right to report any issues with the home visiting program to the home visiting program manager or the Office of Early Childhood. All complaints will be carefully reviewed.
10. If you agree to home visiting services, your name may be connected with receiving OEC home visiting services. This information may be available to others, including staff at the OEC and other state agencies, and additional home visiting programs. No additional information other than your participation in the program will be shared.

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I understand that suspected abuse or neglect will be reported.

Yes, I would like to participate in the home visiting program for parent education, support and information on community services. I understand my rights and responsibilities that were listed in this form. I understand that the home visiting program will contact me to schedule the first home visit.

Participant Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

No, I do not wish to receive home visiting services, but I give permission to enter very little demographic information and risk information into the home visiting database.

Participant Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

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For caregivers who are transferring from one home visiting program to another, or who are re-enrolling in home visiting:

Yes, I would like to continue my participation in the home visiting program. I understand my rights and responsibilities that were listed in this form. I understand that my previous electronic home visiting record will be made available to my current home visitor. I understand that the home visiting program will contact me to schedule the first home visit.

Participant Signature: _____ Date: _____

Guardian Signature: _____ Date: _____