Authorization to Share Confidential Information with the First 5 San Mateo County Watch Me Grow Evaluation

Authorization to Use Your Health Information for Research Purposes

Because your and your child's health information is personal and private, it cannot be used in research studies without your written authorization. By signing this form, you are providing authorization to share your information and that of your child with the First 5 San Mateo County (F5SMC) Watch Me Grow (WMG) Project, their community partners, and the evaluation and technical assistance provider, SRI International (SRI). This form is intended to inform you about how your and your child's health information will be used or disclosed in this study. Your information and that of your child will be used only in accordance with the authorization and consent forms and as required or allowed by law. Please read the form carefully before signing it.

What is the purpose of this research study and how will your health information be utilized in the study?

The WMG Project and community partners are advancing the development of early childhood service delivery systems that (1) proactively identify infants, toddlers, and preschool children with, or at-risk of, a special need and (2) provide comprehensive, individualized services in partnership with families. The WMG Project and community partners will collaborate with community agencies (e.g., schools, regional centers, county agencies) to ensure that the screenings and services provided are comprehensive and of high quality. Moreover, the WMG Project and community partners will fill gaps in service delivery by providing outreach, screening, assessment, linkage support, and direct services when they are otherwise unavailable. The WMG Project, in collaboration with SRI, is conducting this research study in order to identify the elements of the WMG Project that are most effective in supporting children's early development and to determine how additional elements can be improved to best meet the needs of children and families with disabilities and other special needs in San Mateo County. First 5 California and local evaluators and staff will use your information, without names or other identifying information, to learn what activities and programs are most useful for children and families with special needs.

Do you have to sign this authorization form?

You do not have to sign this authorization form. This authorization is voluntary, you can choose not to sign it, and you and your child will still receive screening and other services from the WMG Project. If you do not sign the form, your information and that of your child will not be used in this study.

If you sign this form, can you revoke it or withdraw from the research later?

If you decide to participate, you are free to withdraw your authorization regarding the use and disclosure of your and your child's health information (and to discontinue any other participation in the study) at any time. After any revocation, your information and that of your child will no longer be used or disclosed in the study, except to the extent that the law allows us to continue using your information (e.g., necessary to maintain integrity of research). If you wish to revoke your authorization for the research use or disclosure of your and your child's health information in this study, you must write to First 5 San Mateo County, c/o WMG Project, 1700 South El Camino Real, Suite 405, San Mateo, CA 94402.

What personal information will be used or disclosed?

Your and your child's health information related to this study, including, but not limited to: interview, screening, service, and assessment information, and about your child's health, development, and learning experiences, may be used or disclosed in connection with this research study.

Who may use or disclose the information?

The following parties are authorized to use or disclose your health information in connection with this research study:

Jewish Family and Children's Services, Child Care Coordinating Council, Children's Health Initiative, Commission on Disabilities, Community Gatepath, The County of San Mateo Health Department: Family Health Services, First 5 San Mateo County, Stanford University Gardner Center, Golden Gate Regional Center, Health Plan of San Mateo, Institute for Human and Social Development Head Start/Early Head Start, Legal Aid Society, Lucile Packard Children's Hospital, San Mateo County Office of Education, South San Francisco Unified School District, United Cerebral Palsy, Blind Babies Foundation, Parca, Youth and Family Enrichment Services, Community Association for Rehabilitation, San Mateo Medical Center, Human Service Agency, and your child's primary health provider.

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Your information may be redisclosed by the recipients described above, if they are not required by law to protect the privacy of the information.

When will my authorization expire?

Your authorization for the use and/or disclosure of your health information and your child's developmental and health information will expire 10 years after the date you sign this form.

Your signature indicates that you have read and understood the above information, and that you authorize the WMG Project to use, disclose, and release your and your child's health information as described.

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Child's name First Middle Last

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Child's name First Middle Last

______________________________ ______________
Signature of participant Date

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Relationship to child

______________________________ ______________
Signature of legally authorized representative Date