



MRN: _____

INFORMED CONSENT

FOR

WELCOME BABY: PATHWAYS TO RESILIENCE SERVICES

SERVICES: Welcome Baby: Pathways to Resilience is a three-year program to help provide care coordination services to pregnant and parenting caregivers who have experienced using substances currently, in the past or may be at risk for substance use disorder. This program is a collaboration between First 5 Humboldt, United Indian Health Services, K'ima:w Medical Center, Redwoods Rural Health Clinic, Open Door Community Health Centers, and Public Health Field Nursing. Services include postnatal home visits by nurse, home visits by navigator/CHR, case management, care coordination, parent education, advocacy, connection to community resources, and referrals to needed services such as substance use services, childcare, or family/community resource centers. Services may occur in the home, residence of family or friend, clinic or similar setting, FRC or similar setting or other community setting.

I understand that program evaluation will occur and agree to participate in evaluation activities. Individual level information will not be shared with anyone outside of your care provider listed above and First 5 Humboldt.

Participation in the Welcome Baby: Pathways to Resilience program is voluntary. I have the decision to participate or not in the program and it will not affect my eligibility to receive other services provided by your primary care provider listed above or First 5 Humboldt. I have the right to be informed about services, to participate in their selection, and to withdraw this consent at any time. Acceptance and participation in these services shall not be considered a prerequisite for access to other community or county services. I have the right to request a change of provider, staff person or navigator/CHR.

CONFIDENTIALITY: I understand that my relationship with my care provider listed above, First 5 Humboldt, and all other collaborative partner organizations listed above and associated with Welcome Baby: Pathways to Resilience program is confidential unless I give permission to release information to a specific source, except in certain life and death emergencies or by court order. I also understand that if a staff person reasonably believes that I intend to harm others or myself, they are legally obligated to take steps to protect those at risk including reporting this information to the appropriate authorities.

CONTRACT FOR SERVICES: I understand that I am responsible to communicate with my navigator/CHR, and inform them in a timely manner if I am unable to keep my appointment(s).

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND GIVE MY CONSENT FOR TREATMENT: Unless I withdraw my consent earlier, this consent will expire five years from the date of my signature. I have the right to receive a copy of this document. I reserve all rights provided to me by law not waived by the scope of this consent and authorization. If I am signing for a minor client, I attest that I am the legal guardian of said minor and have the right to authorize consent for services or on their behalf.

Client Signature

Date

Client/Guardian Signature

Date

Staff Signature

Date