



# Informed Consent

**Purpose of this Informed Consent:** I am providing personal information regarding my child(ren) and myself to facilitate services for my family and assist with program evaluation, which improves services for me, my child(ren) and the children and families of Kern County and the State of California.

**Data Collection:** Personal identifiable information such as name, date of birth, gender, race/ethnicity and place of birth will be collected on this form and others related to the services that my child(ren) and I will receive through the Program. These data and data in existing records will be entered into First 5 Kern's computer data management system. On request, I will be shown the data collection forms used to obtain information.

**Data Sharing:** I voluntarily agree to share my child(ren)'s and my personal identifying information with First 5 Kern's internal evaluation staff, assigned program officer, contracted evaluator, authorized Proposition 10 service providers and First 5 California evaluator for the purpose stated above.

**Identifying Information Will Be Kept Private:** My personal identifying information will be removed from any data reports or publications. Research reports will contain summarized data and never contain my personal identifying information. I understand that personal information will be released without my permission if I am a victim or person responsible for the abuse of children, seniors or other dependents.

State (45 CFR 164.508(c)) and federal (Public Law 104-191) laws protect the personal and health information I share. I understand that my approval to share my child(ren)'s personal identifying information and assessment results will end on his/her eighteenth birthday and my information will end ten years from the date signed or when the research study ends, whichever comes first. At that time, all personal information about me and my child(ren) will be removed. First 5 Kern and its contracted evaluator are responsible for investigation of the data and reserve the right to report the results obtained from their analyses.

**Voluntary Participation:** I voluntarily agree to allow my personal information to be shared as described in this Informed Consent. I understand that if I choose not to sign this Consent, I will still receive services. When I sign this Consent, I will receive a copy for my own records. A copy will be retained on file by the Program and First 5 Kern for at least three years. At the end of the retention period, Informed Consents will be destroyed. Other First 5 Kern-funded programs may only see my personal information if and when I sign an Informed Consent to share information with that program.

I may request to have my information removed from First 5 Kern's database at any time. I may also specify information about my child(ren) that I do not want entered into the database. I may cancel this Consent at any time by completing the form entitled, "Request to Remove Confidential Information," which is forwarded to First 5 Kern at 2724 L Street, Bakersfield, CA 93301, for processing. Personal identifying information will be used by the database administrator for removal purposes at my 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 service-related questions: \_\_\_\_\_  
*Program name and phone number*
- For questions concerning the program evaluation and results: First 5 Kern, 2724 L Street, Bakersfield, CA 93301; (661) 328-8888.
- For questions concerning issues of privacy and confidentiality: Dr. Isabel Sumaya, University Research Ethics Review Coordinator, California State University, Bakersfield, 9001 Stockdale Highway, Bakersfield, CA 93311; (661) 654-2381.

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

Parent/Legal Guardian is pregnant

Updated with newborn(s)' name(s) \_\_\_\_/\_\_\_\_/\_\_\_\_ By (Program staff) \_\_\_\_\_

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)

\*What constitutes "Legal Guardian"? (Court document and date) \_\_\_\_\_

Interpreter (Must be 18 years or older): \_\_\_\_\_ Language: \_\_\_\_\_  
*Print Name*

**Signature of Witness (Program staff):** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

# 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)

## KERN COUNTY CHILDREN AND FAMILIES COMMISSION First 5 Kern *Informed Consent*

### REFUSAL TO PARTICIPATE

The parent or legal guardian named below has chosen NOT to consent to provide personal identifying information about his/her self and 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.

**Print the first name of the child(ren) ages 0 to 5 for whom Consent is being refused:**

Parent/Legal Guardian is pregnant

1. First \_\_\_\_\_ Sex M F

2. First \_\_\_\_\_ Sex M F

3. First \_\_\_\_\_ Sex M F

### **Authentication:**

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

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

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

\*What constitutes "Legal Guardian"? (Court document and date) \_\_\_\_\_

Interpreter (Must be 18 years or older): \_\_\_\_\_ Language: \_\_\_\_\_  
Print Name

Signature of Witness (Program staff): \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_