



MIECHV Database Informed Consent

Name of Participant: _____
(Last) (First) (M)

Date of Birth: _____
(Month) (Day) (Year)

It is important that you read the following. If there is anything that you do not understand, or if you have any questions, be sure to ASK.

Welcome to the Illinois Maternal Infant and Early Childhood Home Visiting Program (MIECHV). MIECHV agencies use a data management system to collect confidential data on individuals receiving home visiting services. These services include Healthy Families Illinois, Parents as Teachers, Early Head Start, and Nurse Family Partnership.

We are asking for permission to collect information about you and your family and store it in a centralized computer system maintained by the Illinois Department of Human Services and the Illinois Governor's Office of Early Childhood Development. Only those authorized professionals with a direct need to know about you will have access to this information. Information may be released for service authorization, audit, and evaluation purposes. Necessary information, without any client's name, will be sent to federal agencies that fund this program.

By signing this consent form, you agree to allow certain information to be collected by this agency. The person(s) receiving this information has a legal and ethical duty to keep the information confidential and private, and not release it to anyone else without your written permission unless the law allows it.

- A. I authorize _____ (Agency Name) to collect information during the duration of Home Visiting services.
- B. This authorization covers all the medical, social and financial information about the participant, including: participant background and demographic information; health visit information; medical and developmental history; prenatal; birth, and postpartum data; infant/child visit data; immunization records; participant risks; appointments made and services received; goals and care plan; program information; information required by the federal Maternal Infant and Early Childhood Home Visiting Program. Any information you do not want released should be written in Part D.
- C. The following information I do NOT want to be shared;
- D. I am making this consent within the limits of my legal authority. I understand that I may revoke this consent orally or in writing at any time, but that revoking this consent will not cancel what was done before I revoked it. I also understand and agree not to hold the Illinois Department of Human Services and The Illinois Governor's Office of Early Childhood Development liable for the release of any information about me in accordance with the terms of this consent form.
- E. A copy or facsimile of this consent will be as valid as the original.

For child participant:

Signature of parent/legal guardian/caretaker/Date

For adult participant:

Signature of adult participant/Date

OR

Signature of Witness: _____

Date: _____