



Our Goals: Promoting Positive Parent-Child Relationships; Supporting Healthy Growth and Development; Enhancing Problem-Solving Skills and Improving Support Systems

Family Rights and Confidentiality Policy

promises to protect your family's rights and has policies and procedures in place to do this.

Your rights, in accordance with Federal and State requirements include:

- The right to be treated with honesty, dignity and respect,
- The right to choose family goals and create a plan to reach those goals,
- The right to change goals and plans as family needs change,
- The right to refuse service at any time,
- The right to have your information kept confidential and private,
- The right to see your family's records (with a written request),
- The right to receive referrals to community partners at any time.
- The right to call the Program Manager at any time with any concerns or questions (Grievance Policy)

Our program expectations include:

- To be treated with honesty, dignity and respect by you,
- To be called if you are unable to keep an appointment,
- To have you work with your home visitor on meeting your family's goals, and
- To visit with you weekly for your first six months of service.

We will ask you to sign an *Authorization to Release information* form prior to sharing information about your family with another service provider.

Sometimes we are required to share information about your family without your consent. We would only do that if:

- We have reason to believe any child is being abused or neglected. We are required by law to report it to DHS–Child Welfare Services. Such reports are made so families will receive the assistance they need to help keep their children healthy and safe.
- We believe a person intends to attempt suicide or hurt themselves or someone else.
- We are subpoenaed by a court of law.

About Confidentiality

How do we keep your information confidential?

- Records are kept in a locked file in our office.
- Records cannot be removed from office areas unless they are signed out for a specific purpose.
- Information is shared only on a need-to-know basis with appropriate staff, consultants, and other professionals.

Who can see your records?

- Staff members appropriate to the provision of services,
- Consultants on a need-to-know basis, and
- You can see your own records, but not those of others.

How do we use your confidential information?

- To assess the needs of you and your child(ren) in areas of health, social service, and education or training,
- To evaluate our program and make reports to our funders (Your name is not used and you are free at any time to not answer any questions. This would in no way stop you from receiving our services), and
- To work cooperatively, on your behalf, with other agencies (You will sign consent forms to allow this exchange of information with health professionals, social service providers, or others.)

I / We, the undersigned, understand my/our rights and give consent for
Healthy Families Oregon to provide services for my/our family

Parent/Guardian Name: _____ **Date:** _____

Parent/Guardian Name: _____ **Date:** _____

Home Visitor Signature: _____ **Date:** _____