



Dependency Case Number: _____

INFORMED CONSENT FOR PARTICIPATION IN EARLY CHILDHOOD COURT FOR PROSPECTIVE/CURRENT EARLY CHILDHOOD COURT PARTICIPANTS

I HEREBY ACKNOWLEDGE that the purpose of Early Childhood Court is to provide assistance to me and my family and to assist in the reunification of my family in a safe, loving and nurturing environment; and a great deal of time, effort and resources will be expended solely for our benefit; and,

Early Childhood Court is not available to everyone due to limited resources and eligibility criteria; and, in an effort to enhance the services provided in Early Childhood Court, it may be necessary for the treatment and service providers, including the Department of Children and Families (DCF), Northwest Florida Health, the Guardian Ad Litem program, local community-based care and other individuals associated with, or providing assistance to me and/or my family, to communicate with each other about my participation and progress, outside my presence and/or the presence of my attorney or family which may otherwise be deemed confidential; and,

I understand that for my family and I to participate in this unique problem-solving court and receive its services I must waive certain rights that would otherwise be given to me if I did not participate in Early Childhood Court; therefore,

I HEREBY VOLUNTARILY AGREE TO THE FOLLOWING CONDITIONS AND VOLUNTARILY WAIVE THE FOLLOWING RIGHTS:

1. In an effort to enhance the value of the services provided in Early Childhood Court, it may be necessary for the treatment and service providers and agencies to communicate with each other regarding my case and my treatment and services during this dependency case or in any subsequent review **by the ECC team**. Therefore, **I freely, voluntarily and knowingly** waive any objections to these communications outside of my presence or the presence of my attorney. I **waive** all state and federal rights of confidentiality regarding discussions about my case and my treatment and services between only those persons who are directly involved with Early Childhood Court, and **I consent** to exchange of information and communications about my case, my treatment and services between those persons who are directly involved with Early Childhood Court.

2. I DO NOT WAIVE any rights of privacy or confidentiality regarding any aspect of my case or treatment or services concerning communications with any person or agency that is not affiliated with Early Childhood Court. **This waiver shall apply only so long as I am a prospective or current participant in Early Childhood Court.**

AUTHORIZATION TO DISCLOSE CONFIDENTIAL INFORMATION

INFORMATION BY BE DISCLOSED BY the 14th Judicial Circuits Office of Court Administration/ECC Coordinators, the Florida Dependency Case Information System (FDCIS), the Department of Children and Families (DCF), Northwest Florida Health, the Guardian Ad Litem program, local community-based care and other individuals associated with, or aiding me and/or my family in relation to the open dependency case.

INFORMATION MAY BE DISCLOSED TO the 14th Judicial Circuits Office of Court Administration/ECC Coordinators, the Florida Dependency Case Information System (FDCIS), the Department of Children and Families (DCF), Northwest Florida Health, the Guardian Ad Litem program, local community-based care and other individuals associated with, or aiding me and/or my family in relation to the open dependency case.

METHODS OF DISCLOSURE will include formal and informal conversation, verbal, and written reports as well as email correspondence.

INFORMATION TO BE DISCLOSED will include records, progress notes, results, reports, and any other information court-ordered or found relevant to case planning and progress as well as data requested by FDCIS.

EXPIRATION DATE: **This authorization will expire at the time of discharge from ECC.** I understand expiration will not apply to information that has already been released; expired authorization applies to new information occurring after discharge. Previously released information may be redisclosed during audits or case reviews with the same limitations to include only relevant parties.

PARTICIPATION: I understand that ECC participation is voluntary, but voluntary participation requires that this authorization is completed.

REVOCAION: I understand that I have the right to revoke this authorization at any time. If I revoke this authorization, I understand that I must do so in writing. I understand that the revocation will not apply to information that has already been released in response to this authorization.

I HEREBY CONFIRM RECEIPT OF THE ECC PARTICIPANT PACKET, WHICH CONTAINS DETAILED INFORMATION ABOUT ECC'S CORE COMPONENTS, AND VOLUNTARILY AGREE TO PARTICIPATE IN THE PROGRAM AS DESCRIBED, INCLUDING:

Please initial

_____ A DEDICATED TEAM: ECC participation may result in your case transferring to an ECC-designated case manager, attorney, or service provider. (See page 1 of packet)

_____ CONCURRENT PLANNING: Reunification is the primary goal. The team will work with you to determine a plan for a feasible alternative goal. (See page 9 of packet)

_____ CHILD-PARENT PSYCHOTHERAPY (CPP): ECC participants' case plan tasks include CPP. (See page 8 of packet)

_____ MONTHLY FAMILY TEAM MEETINGS (FTM): ECC participants commit to monthly meetings. (See page 6 of packet)

_____ MONTHLY COURT HEARINGS: ECC participants commit to monthly court hearings. (See page 5 of packet)

_____ FREQUENT FAMILY TIME VISITATION: ECC participants commit to attending scheduled visits. (See page 11 of packet)

CERTIFICATE

I HEREBY CERTIFY that I have read the above Waiver and Consent and agree to all of its terms and conditions freely and voluntarily.

Parent's Signature
Parent's Name:

Date

Witness Signature
Witness Name & Title:

Date