California Department of Public Health
Maternal, Child & Adolescent Health Division
California Home Visiting Program
Authorization for the Release of Personal and Health Information

Participant Consent Form

The California Home Visiting Program (CHVP) is a statewide program of the California Department of Public Health (CDPH) that provides funding and support for home visiting services to improve the health and well-being of you and your family. We are evaluating this program at all of the local implementing agencies throughout California. As you participate in the Colusa Home Visiting Program (CHVP), information will be collected about you, your child(ren) and members of your family. CDPH/CHVP is requesting permission to access all information collected by your home visitor so that we can evaluate how well the program is meeting your needs and so we can meet the requirements for continued funding of this program.

The local Colusa Home Visiting Program will provide you with a separate Consent Form for the Parents as Teachers (PAT) program that you will need to sign in order to participate in the home visiting program. They will also request access to your personal contact information and health information to make sure you are getting all the services you need.

You have the right to privacy and confidentiality with the health and non-health related information that your home visitor will be collecting. We will comply with state requirements regarding confidentiality and will not disclose or share your information without your permission. Colusa Home Visiting Program and CDPH/CHVP will take every precaution to ensure that your information will only be accessed by local program staff and CDPH.

Participation in the Colusa Home Visiting Program is voluntary and the release of your information to the Colusa Home Visiting Program and to CDPH/CHVP is also voluntary. By signing below, you are agreeing to allow CDPH/CHVP the right to access all of the information collected on you, your child(ren), and family members by the home visitor.

For questions regarding this Consent Form, please contact the Department of Public Health, Maternal, Child & Adolescent Health Division: CA-MCAH-HomeVisiting@cdph.ca.gov. For questions regarding the local home visiting program, please contact Stephanie Rosas by phone at (530) 458-0380 or by e-mail at homevisitingprogram@countyofcolusa.com.

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Participant's Signature	Participant's Printed Name	Date
_____	_____	_____
Local Program Representative's Signature	Local Program Representative's Printed Name	Date