

# Finger Lakes IPA (DBA Forward Leading IPA) Forward Leading Families Consent Form



## **What is being offered?**

By providing your information in the registration link, you agree to participate in supports and education provided by **Forward Leading Families by FLIPA** meant to help parents and caregivers of children ages 0-8 years old. **Forward Leading Families** is administered by **Finger Lakes IPA, Inc. d/b/a Forwarding Leading IPA (FLIPA)** and its subcontractors. The goal of the project is to help parents and caregivers learn how to support healthy social and emotional development for their young children and address any concerns early on.

By signing this consent form, you agree to be contacted via phone/text/email (as voluntarily provided) regarding participation in the **Forward Leading Families** program. You may be asked to answer a brief survey about your experience. You may also choose to participate in Forward Leading Families educational supports or to review and download online materials at your own pace. Educational supports may include phone calls, video/Zoom calls, or in person sessions, and you may participate by yourself or with a group of other parents and caregivers. We will provide you with information, resources, and tools that are evidence-based, which means they have been found to be effective for many families. You may also choose to receive care coordination support that can help you connect with other services your child needs and organize communication between different providers and your family.

## **Who is providing this support?**

These supports are provided through a grant awarded to FLIPA, which is a network or group of providers across New York State. For a list of providers in this network, visit [forwardleadingipa.org](http://forwardleadingipa.org). You do not have to be connected to these providers to receive Forward Leading Families supports. Forward Leading Families is made possible through a grant funded by SAMHSA [FLIPA LAUNCH award number 1H79SM087669] to FLIPA, so all services are at no cost to you regardless of insurance. Licensed Practitioners of the Healing Arts in New York State, including but not limited to licensed psychologists or social workers, or trainees working towards these licenses supervised by licensed individuals, as well as trained care coordinators and other dedicated project staff will be providing supports and resources.

## **Is Caregiver Support right for me?**

Caregiver support, resources, and care coordination are not intended to be and should not be relied on as a substitute for specific medical advice from qualified health care providers. If you have questions or concerns about your health, if you need counseling or intervention services, you should contact your health care or pediatric provider or community mental health center, or in case of an emergency – immediately call 911. Never disregard advice from your doctor or other qualified health care providers or delay seeking it because of something you have read or heard as part of support provided through Forward Leading Families.

## **Why am I being offered this support?**

Forward Leading Families is a trusted resource for caregivers available to the public at no cost. Many resources are/will be available at no cost on the [forwardleadingfamilies.org](http://forwardleadingfamilies.org) website that you may use at any time. Your provider or your child's provider may be part of the FLIPA network that is trying to make these supports available to as many people as possible. Your provider or your child's provider may think that you would like to talk to a professional about how young children act and think.

## **Do I have to participate?**

No. If you do not want to participate, you do not have to participate. If you do participate but change your mind later, you can stop at any time by contacting [info@forwardleadingfamilies.org](mailto:info@forwardleadingfamilies.org). There are no consequences to you if you do not participate or stop participating. Your participation in this program is entirely voluntary, and you may withdraw without penalty or any negative consequences at any time. You will still be able to get health care and health insurance even if you do not sign this form.

## **How is my information kept private?**

Although there is always some risk to privacy, special care will be taken to protect your privacy and that of your child in the same way a doctor's office protects privacy. There are laws that protect the privacy of your information just like when you go to your health care provider that everyone working on this project also follows. If the provider who referred you to this program requests it, project staff may share a summary note about what topics were discussed with you, so your child's provider knows how best to continue supporting your family.

Information you provide will be held strictly confidential by the project team, though there are times when we cannot promise to keep your information confidential. There are laws requiring Forward Leading Families staff to contact Child Protective services or other appropriate authorities if the project staff is made aware that a child is being abused, neglected, or maltreated; or if there is a threat of harm to self or others.

**Who can I talk to about this?**

You can ask your provider or your child's provider, or you may contact Forward Leading Families at [info@forwardleadingfamilies.org](mailto:info@forwardleadingfamilies.org).

**What happens after I sign this?**

By providing your contact information in the registration link, you consent to be contacted by project staff to talk more about the resources we can offer and schedule an appointment if you choose. We may also send a survey to ask about your experience with these resources. Your survey responses may be combined with many other people's results in reports or research summaries about the impact of these services on those participating. In any reports that other people read, everyone's information will be grouped together. No one will be able to tell what your responses were or how you participated. You will never be mentioned by name or individually identified. All electronic data and materials including this will be stored on secure password-protected computers. If you give consent and sign this form, the grant is allowed to use your data without identifying you.

**Communication**

By providing your contact information in the registration link, I authorize Forward Leading Families (including FLIPA and its subcontractors) to contact me and assume responsibility to notify Forward Leading Families (including FLIPA) whenever this information changes.

**Acknowledgement of Understanding and Signature and Voluntary Consent**

**By providing my contact information on the registration link**

**I GIVE CONSENT** to participate in evidence-based supports, information, resources, care coordination, or group-based psychoeducation sessions through Forward Leading Families. I can choose to participate in any or all of these. I can change my mind, stop, or refuse services at any time by notifying Forward Leading Families as described in this consent form.

I have read the above description of participation, or it has been read to me, informing me of the benefits and risks involved. All of my questions have been answered to my satisfaction, and I have been provided with the contact information for the main contact in the event that I have concerns or questions in the future. A copy of this form is available on [forwardleadingfamilies.org](http://forwardleadingfamilies.org).