

Written Parental Consent

Introduction

Policies and procedures governing Written Parental Consent to evaluation, assessment, intervention services, and disclosure of information are designed to ensure that:

- participation of families in all aspects of the Infant-Toddler Program is voluntary;
- the parent receives the information he needs to make informed decisions about how his child and family will be served, and
- the parent's wishes about how his child and family will be served are respected.

Obtaining a parent's written consent involves more than securing the parent's signature on a standard form. The Service Coordinator or service provider must fully inform the parent in a mode of communication understandable to the parent of all information relevant to the activity for which consent is sought. Unless clearly not feasible to do so, a parent who does not speak English must be given consent forms in his native language or mode of communication. An individual who can interpret any questions from the parent and the answers to these questions should be present. A consent form that is written in English may be used if an interpreter is available to interpret the form for the parent. The entire form must be read and questions answered. Recommended practice would include having the following statement translated on the form and having the parent sign it or having the parent write the statement in his native language and sign it: "This document has been explained to me and I understand it". The service provider must document how the consent was obtained, including any questions that were asked, the answers given, and the name of the interpreter. This documentation must be provided to the Children's Developmental Services Agency at the time of the notation.

When the parent is illiterate, the service provider should have another family member present to hear the verbal explanation of the consent or authorization, unless clearly not feasible to do so. The entire form must be read to the parent and any questions answered. The parent should place an "X" on the signature line and the parent's name printed on the signature line to order to identify the person making the "X." If another family member is present, it is recommended that that person also sign the form. The service provider must document how the consent was obtained, including any questions that were asked, the answers given, and the name of the family member present, if appropriate. This documentation must be provided to the Children's Developmental Services Agency at the time of the notation.

Requirements

Written Parental Consent is obtained:

- when the parent initially requests enrollment in the Infant-Toddler Program using the *North Carolina Infant-Toddler Program Initial Parent Consent and Acknowledgment* form;

- prior to child evaluations and assessments (other than assessments related to the on-going provision of therapy, educational services, etc.) using the *North Carolina Written Parental Consent for Evaluations* form;
- before the provision of or changes to any early intervention services listed on the Individualized Family Service Plan using the *North Carolina Infant-Toddler Program Individualized Family Service Plan*;
- in order for providers to seek payment from insurance companies for services provided using the *North Carolina Infant-Toddler Program Financial Eligibility Application*, and
- before the disclosure of information held under the restrictions of confidentiality, using the *North Carolina Infant-Toddler Program Authorization to Disclose Health Information* form. (For specific information about this form of consent, see Policy Bulletin #11 - Confidentiality and Privacy Issues.)

The request for Written Parental Consent must:

- describe the activity (evaluation, service, changes to Individualized Family Service Plan, etc.);
- list records (if any) or recorded information that will be released and to whom (Note: This information is captured on the *North Carolina Infant-Toddler Program Authorization to Release Health Information* and does not have to be included as part of the Written Parental Consent.), and
- inform the parent that granting the release is voluntary and may be revoked at any time in writing, except to the extent that action has already been taken.

If Written Parental Consent is not given, the agency or service provider must make reasonable efforts to ensure that:

- the parent is fully aware of the nature of the evaluation and assessment or the services that would be available, and
- the parent understands that the child will not be able to receive the evaluation and assessment or services unless written consent is given.

The parent may determine whether he or his child will accept or decline any early intervention services under the Infant-Toddler Program in accordance with state law without jeopardizing their right to receive other services. It should be noted, however, that some evaluations are necessary in order to determine eligibility for the Infant-Toddler Program.

To help the parent understand why consent is being requested and the possible adverse consequences of refusing proposed services, the Service Coordinator and service providers may:

- provide literature or other materials to the parent;
- offer the parent peer counseling and support to enhance his understanding of the value of early intervention and to allay his concerns about participation in the Infant-Toddler Program. Peer counseling and support are available through local parent-to-parent groups or by calling the Family Support Network at 1-800-852-0042 or the Exceptional Children's Assistance Center at 1-800-962-6817, and
- renew contact with the parent periodically to determine if he has changed his mind about the desirability of recommended procedures or services.

Service providers may not employ any form of coercion in attempting to persuade the parent to accept recommendations, including those related to evaluations, services, or disclosure of information. The only exception to this would be when a parent's refusal to give consent would constitute child abuse or neglect under state law. Service Coordinators and other service providers must understand the legal statutes on child abuse or neglect and not allow personal biases to influence their activities.

Recommended Practice

A parent's consent to an evaluation or assessment is "informed" if:

- the parent understands the purpose of the evaluation or assessment and the procedures to be employed (i.e., what information is desired, why it is desired and how it will be obtained). If a family assessment is to be conducted, this must be clearly stated. This includes the use of observation as an assessment or evaluation procedure of children, families, or parent-child interactions by professionals. The parent's written consent should describe the assessment or evaluation procedures the parent has authorized;
- the parent understands any burdens the parent or family might bear as a result of the assessment or evaluation (e.g., whether the parent must provide transportation, take a day off work, possible impact on the family of services provided in the home, fees involved), and
- the parent understands the possible adverse consequences of refusing to consent to an assessment or evaluation or to proposed assessment or evaluation procedures (e.g., inability to establish child's strengths and needs to determine appropriate services, inability to determine the child's eligibility for the Infant-Toddler Program).

A parent's consent to the provision of other services is "informed" if:

- the parent understands the purpose of each service to be provided;
- the parent understands the financial charges (if any) that the parent might incur for the service;

- the parent understands any burdens that the parent might bear as a result of each proposed service (e.g., whether the parent must provide transportation, possible impact on the family of services provided in the home, fees involved), and
- the parent understands the possible adverse consequences of refusing proposed services (e.g., worsening, or no change of the child's condition).