

# Partnership for Early Access to Kids

## Consent For Services (1)

### What is PEAK?

The Partnership for Early Access for Kids (PEAK) offers a variety of voluntary programs for children 0-5 and their caretakers, such as developmental and social-emotional screening and assessment, parenting programs including parenting groups and individual coaching, in-home mental health intervention, short-term treatment, and parent/caregiver and provider training and workshops.

### What do I need to do?

We need you to give permission for PEAK partners to provide you with services and disclose information about you and/or your child to each of the PEAK partners, the Solano County Department of Health and Social Services, and First 5 Solano Children and Families Commission and its evaluators (LFA Group) as part of the PEAK evaluation process. This information includes:

**Client Records.** Routine information will be collected during participation in PEAK. This includes information such as the number and types of services, assessments and referrals you and/or your child receives.

**Survey(s).** You will be asked to complete a survey(s) during Parent Coaching, Parent Education or Provider Education programs offered through PEAK.

### Is the information I give confidential?

**Everything you tell PEAK is confidential.** Confidentiality will be protected. PEAK partner staff maintains strict confidentiality procedures according to federal HIPAA regulations. PEAK staff members are "Mandated Reporters." This means that by law staff must make a report to Child Protective Services (CPS) and/or the police to protect your family's safety if there are concerns about child abuse or neglect, domestic violence, elder abuse, or intent to harm self or others.

### What if I need to cancel an appointment?

If you need to cancel your session or reschedule for a different day, you are required to contact the staff at the PEAK agency who contacted you to schedule services at least 24 hours in advance. Excessive cancellations and/or no shows may result in termination of services. If PEAK staff needs to reschedule or cancel a meeting, staff will make every effort to provide you with at least a 24-hour notice.

### Consent for Services

This consent for Services shall remain in effect for 1 year from the date signed, unless revoked earlier upon written request.

**YES**, I, \_\_\_\_\_ (Parent/Guardian name) agree to receive services for my child, \_\_\_\_\_ (Name of Child) from the Partnership for Early Access for Kids (PEAK) Initiative. The PEAK partner agency/agencies to provide services for my child/family are *(initial all that apply)*:

\_\_\_\_\_ Children's Nurturing Project  
\_\_\_\_\_ Child Start, Inc.  
\_\_\_\_\_ Dixon Family Services  
\_\_\_\_\_ EMQ FamiliesFirst

\_\_\_\_\_ Solano Family and Children's Services  
\_\_\_\_\_ Youth and Family Services  
\_\_\_\_\_ Other agency/service: \_\_\_\_\_

\_\_\_\_\_  
Printed Name & Signature of Parent Guardian (Child/Client is 5 years old and under).

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Printed Name & Signature of PEAK partner agency staff

\_\_\_\_\_  
Date:

**NO**, I do not agree to receive services for my child from the Partnership for Early Access to Kids (PEAK) Initiative.

### Partnership for Early Access for Kids (PEAK)

1126 Missouri Street, Fairfield, CA 94533

Referral Lines: Phone: 707-422-BABY (2229) ▪ Fax: 707-426-1303

[www.PEAKsolano.org](http://www.PEAKsolano.org)

# Partnership for Early Access to Kids

## Consent to Release Information (2)

Completion of this document authorizes the disclosure and/or use of information about your child to better provide services. Failure to provide all information requested may invalidate this Authorization.

### Disclosure of Client Information

I hereby authorize the exchange of written and/or oral protected health information (PHI) between relevant individuals of the service agencies identified below, that are providing services to me and/or the children listed below, and certify that I am legally authorized to consent to the release of information about my children. This information will be used to assist in the coordination of PEAK services for the children identified below and their caregivers, for periodic case review with the PEAK multidisciplinary team, and to ensure that necessary service referrals are being made available to my family. I understand that this release is valid for one year from the date signed below and that a photocopy of this form is as valid as the original.

### Partnership for Early Access for Kids (PEAK) Partners

- Child Start, Inc. (Napa Solano Head Start Program)
- Dixon Family Services
- Children's Nurturing Project
- EMQ FamiliesFirst
- North Bay Regional Center
- Solano County Office of Education/SELPA
- Solano County Department of Health and Social Services
- Solano Family and Children's Services
- Youth and Family Services
- First 5 Solano & LFA Group

CHILDREN(S) NAME	DATE OF BIRTH
PARENT/GUARDIAN NAME	DATE OF BIRTH

### What information will be shared?

- Client records. These records will include routine information such as the number and types of services, assessment information, and referrals that your child receives.
- Survey data (if applicable). This information will include PEAK participants' thoughts about services and information received during PEAK trainings and workshops.

Information exchanged between relevant individuals of the service agencies identified above will include your name and your child's name. However, all agencies maintain strict confidentiality procedures according to federal HIPAA regulations and will do everything you protect your personal identifying information.

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**What are my rights?**

I may refuse to sign this authorization. My refusal will not affect my ability to obtain treatment or payment or eligibility of benefits. I have the right to receive a copy of this authorization. I may revoke this authorization at any time, but I must do so in writing and submit it to the following address: Partnership for Early Access for Kids, C/O Children's Nurturing Project, 1126 Missouri Street, Fairfield CA 94533. My revocation will take effect upon receipt, except to the extent that others have acted in reliance upon this authorization. The information used or disclosed pursuant to this authorization may be redisclosed by the recipient(s) of the information.

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**Signature of Parent Guardian**

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**Date**

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**Signature of Parent Guardian**

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**Date**

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**Relationship to above named children**

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**Witness/Title**

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**Date**