



Client Consent for Nurse-Family Partnership Program and Authorization for Release of Health Information

Client consent for Nurse-Family Partnership Program

What is the Nurse –Family Partnership?

The program provides education and support for new families. The goals are to help you have a healthy baby, learn how to promote your baby’s health and development, and to help you achieve your own goals.

What is involved?

A Registered Nurse (RN) will visit you about every 1 to 2 weeks or on a schedule that meets your needs and desires. Visits will begin during pregnancy and continue until your child is 2 years old. Visits will be at times that work best for you and your nurse. Visits usually occur in your home and in person but can occur in another location of your choice. Connection with your nurse may also occur by telephone or other technology. The visits will cover information of interest to you related to your pregnancy, your baby, and provide you with the supports you need and want. During visits you and your nurse may discuss your health, your goals as a parent, your child’s health and behavior, your family and support and referrals you may want.

What are my rights?

Being in the program is voluntary. And you may leave the program at any time.

Who do I call if I have questions or concerns?

If you have any questions or concerns about the program, please call Marneda Bailey, Nurse Supervisor at 302-604-6279.

Signatures:

Your Signature means that you have decided to be in the Nurse-Family Partnership Program. You will get a copy of this consent form.

_____ My initials show I had a chance to ask questions about being in the program, and the my questions were answered.

Participant’s Signature

Participant’s printed Name

Date

Parent/Legal Guardian’s Signature

Parent/Legal Guardian’s printed Name

Date

Nurse’s Signature

Nurse’s printed Name

Date