

TEACHING-FAMILY HOMES OF UPPER MICHIGAN
INFORMED CONSENT FORM

(Name of Youth)

Youth who become candidates for the Teaching-Family Homes of Upper Michigan program are those who have been having serious problems in their home, school and community and are being considered for long term placement outside their communities. The goal of Teaching-Family Homes of Upper Michigan is to offer a program that will help these youth learn the social, academic, self-care, pre-vocational skills that will aid them in getting along better with their families, peers, and members of the community.

I understand that reasonable precautions will be taken to keep any information collected about my child confidential and to prevent the use or disclosure of information which would identify my child or put my child at risk. I understand that my child has the right to inspect and to receive copies of treatment records and to request an amendment if deemed inaccurate. TFH adheres the Health Insurance Portability and Accountability Act (HIPAA).

I understand that my child will be participating in Teaching-Family Homes of Upper Michigan educational studies. I willingly give permission for my child to participate knowing that the information concerning my child may be used for scientific, educational, rehabilitation or instructional purposes. Identifying information will not be used in such studies.

Research in the Teaching-Family Homes Group Home program includes a collection of information about the behavior of Teaching-Family Homes Group Home residents over such variables as social skills, vocational behaviors, maintenance skills, school behavior, court contacts, etc.

I understand that my child will be representing Teaching Family Homes in activities involving the public. These activities may include--but are not limited to--guest visits, media events, program tours, and testimonials. Efforts will be made to safeguard youth confidentiality and sensitive issues.

I agree that my child may participate in video, audio recording, or pictorial representations made during his/her stay at the Teaching-Family Homes. These may include television, newspaper, brochures, Teaching Family Homes media and the agency website.

_____Yes _____No _____Legal Guardian Initials

I understand, as indicated in my child's treatment plan, that my child will likely be able to visit with me. As a part of my child's treatment plan, I will be expected to participate in my child's treatment through visitation. I understand that if I am unable to provide transportation for such

visits, that Teaching-Family Homes' staff will assist me. I agree to accept responsibility for my child during such periods that he/she is in my care and agree to notify the program immediately if any evidence of difficulty should appear. For example, if my youngster runs away or becomes physically abusive or is arrested, I would agree to contact the staff immediately to inform them of such happenings.

I agree that the placing agency, the supervising agency and the group home shall incur no liability for any injury or harm sustained or caused by my child when he/she is under my care and supervision. My responsibilities for that care and supervision include such times as weekends, holidays, family vacations and any other similar occasions that may occur during my child's residence in the Teaching Family Homes Group Home.

I understand that youth who are placed in the Teaching-Family Homes group home program have been having serious problems getting along with others. Because of a variety of life experiences, these youth have a higher risk of engaging in physically aggressive behaviors. These behaviors may include stealing, property destruction, physical threats or attacks or sexually acting out. Although the staff takes preventive measures, I understand that there is always the possibility that my child may be subjected to such aggression. I also understand that property that my child brings into the program may be damaged or destroyed, and that Teaching Family Homes will not be held responsible for such damage.

Legal Guardian: _____

Witness: _____

Youth: _____

Witness: _____

Program Staff: _____

Date: _____