



Healthy Families Program
Home Visiting New Hampshire
Fetal Alcohol Spectrum Disorder Project

Consent for Participation

Name: _____ D.O.B. _____

Program's purpose:

I understand that the goal of this project is to provide information to pregnant women about the affects of drinking alcohol during pregnancy. The program seeks to provide alternatives to drinking during pregnancy with the ultimate goal being abstaining from alcohol during pregnancy.

Participation:

I have received information describing the project and I understand that participation is completely voluntary.

Procedures:

The project utilizes a brief assessment (TWEAK) and a brief intervention if I screen positively. Recommendations by a direct service provider are part of the brief intervention. The goal is to learn new ways to cope with risky situations that would otherwise influence me to drink alcohol during pregnancy.

Benefits:

The anticipated benefit of participation in this project is the delivery of a healthy baby.

Confidentiality:

All information gathered from the project will remain confidential. Your identity as a participant will not be disclosed to any unauthorized persons with the exception of your baby's pediatrician who will receive the results of the brief assessment and the brief intervention. Only the researchers and Northrop Grumman will have access to results of the brief assessment and brief intervention. Any reference to your identity that would compromise your anonymity will be removed or disguised prior to the preparation of the project reports.

Withdrawal Without Prejudice:

Participation in this project is voluntary; refusal to participate will involve no penalty. Each participant is free to withdraw consent and discontinue participation in this project at any time without prejudice from this agency.

Contact Information:

I may contact the Project Director for any questions about the project, my rights as a participant and any other concerns. Please call (603) 518-4198 or 1-800-640-6486 ext. 4198.

This consent will expire one week after the birth of your baby.

Date:_____ Participant Signature:_____

Date:_____ Parent / Guardian:_____

Date:_____ Witness: _____

Consent to Release Confidential Information

I _____ hereby authorize and request,

Agency: _____

Address: _____

to release confidential information, specifically the results of the FASD Brief Assessment and if applicable, the Brief Intervention, resulting from my contacts with the above to:

Pediatrician/Medical Facility: _____

Address: _____

Use of this information shall be limited to the following purpose(s):

I understand that I have a right to receive a copy of this authorization. A photocopy of this authorization shall be as effective and valid as the original.

This authorization shall remain valid until: _____

I furthermore release all parties stated here within from any legal liability resulting from the release of this information, with the understanding that all parties involved will exercise appropriate safeguards while using this information.

Participant or Guardian Signature _____ Date _____

Dear Medical Provider:

As an introduction, we would like to share with you that Child and Family Services recently received a Federal grant to implement the prevention of Fetal Alcohol Spectrum Disorders (FASD). Agencies throughout New Hampshire that participate in the Home Visiting New Hampshire Program, have agreed to participate in this project.

The mother of one of your patients has participated and enclosed you will find a copy of the screening administered by one of our direct service providers as well as a copy of the signed release giving us permission to send you the results.

The screening asks questions about the pregnant woman's drinking history as well as in the last thirty days. Depending on how the pregnant woman scores, determines if she will then receive the Brief Intervention which discusses how to avoid risky behaviors that encourage drinking as well as setting a goal to either cut down drinking or completely stop drinking during the pregnancy.

As, I am sure that you are aware, drinking during pregnancy can harm the unborn baby and could result in some problems right after the baby is born and some that may not occur until the child is older. There is no known safe level of drinking while pregnant.

Your patient has agreed to have the results of her screening sent to you. This is very important since we have very little statistical information about FASD in the state of New Hampshire. It is important that these results be kept in the child's file as a resource that may become important when the child begins school. Below, you will see the results of the screening for this patient.

This project is a four year project with the hope that the screening and Brief Intervention will continue to be conducted in the Home Visiting New Hampshire Programs even after the project is complete. This is an important area of pre-natal care that has gone unnoticed for too long and needs to be given more attention. We thank you for your attention.

Mother's Name _____ Child's Name _____

Mother Screened Positively: YES _____
NO _____

Mother reported drinking during pregnancy Yes _____
No _____

If you have any questions or concerns, please do not hesitate to contact me at 518 4198.

Thank you,

Cherie LeBel, M.ed, M.B.A
Program Director – FASD Project
Program Manager – Early Childhood/Family Support Programs