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Consent and Assent Forms

Caregiver Informed Consent

National and State Survey of Child and Adolescent Well-Being (NSSCAW)

What is the National and State Survey of Child and Adolescent Well-Being or NSSCAW?

The Administration for Children and Families (ACF) provides funding for activities that support the well-being of children and families. ACF hired RTI International (RTI), a research company, to conduct a survey of children and families who have come in contact with the child welfare system. RTI is partnering with the Urban Institute to carry out the study.

How was I selected?

RTI data collectors are contacting families of children selected from child welfare agencies throughout the United States. Your child is among 6,000 children selected to take part in this study. Selected children had contact with the child welfare system in the past 12 months. This form explains what is involved for caregivers who are part of the study.

What will I be asked to do?

You will be asked to complete a survey that may take up to 60 minutes. By hearing from caregivers like you, we can better understand what support families are getting, what is working well, and where more help may be needed. The information you provide in the survey can guide improvements to child welfare services and programs for families in your state and across the country.

To help us learn more about your family's experiences without adding time to the survey, you will also be asked for permission to combine your and your child's survey responses with information about the neighborhood where you live and about any benefits or services your family may have received from public programs. Neighborhood information includes things like transportation options, childcare availability, and nearby health care. Benefits or services information includes things like cash assistance, nutritional assistance, food stamps, child support, childcare, employment, housing support, education, juvenile justice, and health care records, as well as child welfare records, including participation in prevention and intervention programs. This includes information that exists now and future information. Combining information will help us better understand how certain types of support can help different types of children and families. We will stop combining information for your child when your child turns 18 years old.

Are the survey questions personal?

The survey includes questions about your health and your child's health. You may also be asked about your child's learning, behavior, and relationships with others. Other topics include your experiences with the child welfare system, and the support you receive from family, friends, or your community. Depending on your situation, you may be asked some questions about your experiences as a parent. The survey also includes questions about your work, income, any benefits you receive, and services you or your family have used or may need.

What are my rights?

You can decide whether to take part in this study or not. You may skip any question you do not want to answer or stop at any time. Taking part in this study does not affect any benefits you or your child may receive.

Can anything bad happen to me?

There are no physical risks to you or your child for taking part in this study. Some of the questions may make you or your child feel uncomfortable or upset. We have protections in place to collect and store your information securely. If someone does not follow the rules we set, however, there is a small risk that someone outside the study team might see your information. We will lower this risk by replacing your name with a unique number assigned to you for this study. We will transfer and store you and your child's information using the study number alone.

If we learn a child's life or health may be in danger during the survey, we will tell the appropriate authorities. The Privacy section below provides more information.

Can anything good happen to me?

There are no direct benefits to you or your child for taking part in this study. What we learn from you may help to improve child welfare services and programs. By taking part, you will help us understand the needs of children and families and the services available to them.

Will I be contacted again?

You may be contacted in the future to provide an update to your contact information or to complete another survey. This will help us understand changes over time.

What about privacy?

We keep your information private to the extent allowed by law. We keep your information on a secure computer labeled with a study number. We also keep your name and your child's name private. All staff involved in this research have signed a Privacy Pledge.

You can also choose to complete the survey online using a secure website. For those who do, the risks involved are no greater than those who use the Internet regularly.

This research has a federal Certificate of Confidentiality to protect your privacy. This means the researchers cannot share information that could identify you, even if a court asks for it.

However, you should know that the certificate does not stop us from reporting child abuse or threats to harm yourself or others, as required by federal, state, or local laws. In addition, the Administration for Children and Families (the agency that funds this research) is permitted to access information to confirm the research is being done properly.

We will never name you or your child in any reports. Your information will be combined with information from others taking part in the study. Your information, without anything that can identify you, will be shared with other researchers and stored for research purposes.

There are three exceptions to this:

1) If we believe your child's life or health may be in danger, we must report it.
2) If we believe your life or health may be in danger, we will contact someone who can help.

3) If a new research team takes over the study, we will give you and your child's contact information to the other research team, so they can continue the study, but only if you agree to take part in the study.

Where can I learn more about NSSCAW?

If you have questions, please call Natasha Aranguren at RTI, 917-650-2707. If you have questions about your rights as a study participant, please call RTI's Office of Human Research Protections at 1-866-214-2043 (a toll-free number).

You will receive $75 as a thank you. If you skip any questions or decide to stop participating, you will still receive the $75.

Agreement to Participate in NSSCAW

1 = Yes, I agree to participate.

0 = No, I do not agree to participate.

Agreement to Combining NSSCAW Data with Other Data

We would also like to combine your survey responses with other sources like information about your neighborhood and information collected by other agencies and programs.

1 = Yes, I agree to combine my and my child's NSSCAW information with other sources as described to me.

0 = No, I do not want to combine my and child's NSSCAW information with other sources as described to me.

Audio Recordings Statement (*IN PERSON SURVEYS ONLY*)

As a part of our quality control process, we use a system that records parts of the survey. These recordings happen at random times, and neither of us will know when the computer is recording. The recordings are securely stored on the computer and sent to RTI within 12 hours. Only the research team can review the recordings. The recordings help check that the survey is being done the right way. The recordings will be deleted once the study is over and the data have been checked.

1 = Yes, I agree to have parts of the survey recorded by the computer.

0 = No, I do not agree to have parts of the survey recorded by the computer.

Former Caregiver Informed Consent

National and State Survey of Child and Adolescent Well-Being (NSSCAW)

What is the National and State Survey of Child and Adolescent Well-Being or NSSCAW?

The Administration for Children and Families (ACF) provides funding for activities that support the well-being of children and families. ACF hired RTI International (RTI), a research company, to conduct a survey of children and families who have come in contact with the child welfare system. RTI is partnering with the Urban Institute to carry out the study.

How Was I Selected?

RTI data collectors are contacting families of children selected from child welfare agencies throughout the United States. Your child is among 6,000 children selected to take part in this study. Selected children had contact with the child welfare system in the past 12 months. This form explains what is involved for caregivers who are part of the study.

What will I be asked to do?

You will be asked to complete a survey that may take up to 60 minutes. By hearing from caregivers like you, we can better understand what support families are getting, what is working well, and where more help may be needed. This information can guide improvements to child welfare services and programs for families in your state and across the country.

To help us learn more about your experiences without adding time to the survey, you will also be asked for permission to combine your survey responses with information about the neighborhood where you live and about any benefits or services you may have received from public programs. Neighborhood information includes things like transportation options, childcare availability, and nearby health care. Benefits or services information includes things like cash assistance, nutritional assistance, food stamps, child support, childcare, employment, housing support, education, juvenile justice, and health care records, as well as child welfare records, including participation in prevention and intervention programs. This includes information that exists now and future information. Combining information will help us better understand how certain types of support can help different types of families.

Are the questions personal?

The survey includes questions about your health and your child's health. You may also be asked about your child's learning, behavior, and relationships with others. Other topics include your experiences with the child welfare system, and the support you receive from family, friends, or your community. Depending on your situation, you may be asked some questions about your experiences as a parent. The survey also includes questions about your work, income, any benefits you receive, and services you or your family have used or may need.

What are my rights?

You can decide whether to take part in this study or not. You may skip any question you do not want to answer or stop at any time. Taking part in this study does not affect any benefits you may receive.

Can anything bad happen to me?

There are no physical risks to you for taking part in this study. Some of the questions may make you feel uncomfortable or upset. We have protections in place to collect and store our information securely. If someone does not follow the rules we set, however, there is a small risk that someone outside the study team might see your information. We will lower this risk by transferring and storing your information using a unique study number assigned to you for this study in place of your name.

If we learn a child's life or health may be in danger during the survey, we will tell the appropriate authorities. The Privacy section below provides more information.

Can anything good happen to me?

There are no direct benefits to you for taking part in this study. What we learn from you may help to improve child welfare services and programs. By taking part, you will help us understand the needs of families and the services available to them.

Will I be contacted again?

You may be contacted in the future to provide an update to your contact information or to complete another survey. This will help us understand changes over time.

What about privacy?

We keep your information private to the extent allowed by law. We keep your information on a secure computer labeled with a study number. We also keep your name private. All staff involved in this research have signed a Privacy Pledge.

You can also choose to complete the survey online using a secure website. For those who do, the risks involved are no greater than those typically experienced with everyday Internet use.

This research has a federal Certificate of Confidentiality to protect your privacy. This means the researchers cannot share information that could identify you, even if a court asks for it.

However, you should know that the certificate does not stop us from reporting child abuse or threats to harm yourself or others, as required by federal, state, or local laws. In addition, the Administration for Children and Families (the agency that funds this research) is permitted to access information to confirm the research is being done properly.

We will never name you in any reports. Your information will be combined with information from others taking part in the study. Your information, without anything that can identify you, will be shared with other researchers and stored for research purposes.

There are three exceptions to this:

1) If we believe a child's life or health may be in danger, we must report it.
2) If we believe your life or health may be in danger, we will contact someone who can help.
3) If a new research team takes over the study, we will give your contact information to the other research team, so they can continue the study, but only if you agree to take part in the study.

Where can I learn more about NSSCAW?

If you have questions, please call Natasha Aranguren at RTI, 917-650-2707. If you have questions about your rights as a study participant, please call RTI's Office of Human Research Protections at 1-866-214-2043 (a toll-free number).

You will receive $75 as a thank you. If you skip any questions or decide to stop participating, you will still receive the $75.

Agreement to Participate in NSSCAW

1 = Yes, I agree to participate.

0 = No, I do not agree to participate.

Agreement to Combining NSSCAW Data with Other Data

With your permission, we would like to combine your survey responses with other sources like information about your neighborhood or information collected by other agencies and programs.

1 = Yes, I agree to combine my NSSCAW information with other sources as described to me.

0 = No, I do not want to combine my NSSCAW information with other sources as described to me.

Audio Recordings Statement (*IN PERSON SURVEYS ONLY*)

As a part of our quality control process, we use a system that records parts of the survey. These recordings happen at random times, and neither of us will know when the computer is recording. The recordings are securely stored on the computer and sent to RTI within 12 hours. Only the research team can review the recordings. The recordings help check that the survey is done the right way. The recordings will be deleted once the study is over and the data have been checked.

1 = Yes, I agree to have parts of the survey recorded by the computer.

0 = No, I do not agree to have parts of the survey recorded by the computer.

Caregiver Permission for Child Participation

National and State Survey of Child and Adolescent Well-Being (NSSCAW)

What is the National and State Survey of Child and Adolescent Well-Being or NSSCAW?

The Administration for Children and Families (ACF) provides funding for activities that support the well-being of children and families. ACF hired RTI International (RTI), a research company, to conduct a survey of children and families who have come in contact with the child welfare system. RTI is partnering with the Urban Institute to carry out the study.

How was my child selected?

RTI selected 6,000 children to take part in the study. Children selected to take part had contact with the child welfare system in the past 12 months. We would like your child to complete a survey for the study. As the child's primary caregiver, we would also like you to complete a survey. We must have permission from a parent or legal guardian to include the child in the study.

Why should my child take part?

The purpose of the survey is to better understand how children are doing in different areas of their lives. Only children aged 6–17 are asked to answer questions as part of the study. The questions are designed to be age appropriate.

What will my child be asked to do?

Your child will be asked to complete a survey that may take up to 25 minutes for younger children aged 6–10 and about 45 minutes for youth aged 11–17. Younger children are asked questions about their experiences with school, family, and friends. Older children are asked questions about their health, school, use of social media and other online activities, and relationships with family and friends. Older children are also asked questions about bullying and risky behaviors such as drug use.

To help us learn more about your family's experiences without adding time to the survey, you will also be asked for permission to combine your and your child's survey responses with information about the neighborhood where you live and about any benefits or services your family may have received from public programs. Neighborhood information includes things like transportation options, childcare availability, and nearby health care. Benefits or services information includes things like cash assistance, nutritional assistance, food stamps, child support, childcare, employment, housing support, education, juvenile justice, and health care records, as well as child welfare records, including participation in prevention and intervention programs. This includes information that exists now and future information. Combining information will help us better understand how certain types of support can help different types of children and families. We will stop combining information for your child when your child turns 18 years old.

What are my child's rights?

Your child's participation in this study is voluntary. Your child can skip any question or stop the survey at any time. Taking part in the study will not affect any benefits your child may receive.

Can anything bad happen to my child?

There are no physical risks to you or your child for taking part in this study. Some of the questions may make your child feel uncomfortable or upset. We have protections in place to collect and store our information securely. If someone does not follow the rules we set, however, there is a small risk that someone outside the study team might see you or your child's information. We will lower this risk by transferring and storing you and your child's information using a study number in place of your names.

If we learn a child's life or health may be in danger during the survey, we will share this information with the appropriate authorities. The Privacy section below provides more information.

Can anything good happen to my child?

There are no direct benefits to you or your child for taking part in this study. What we learn from your child may help to improve child welfare services and programs. By taking part, your child will help us understand the needs of children and families and the services available to them.

Will we be contacted again?

You and your child may be contacted in the future to provide an update to your contact information or to complete another survey. This will help us understand changes over time.

What about our privacy?

We keep you and your child's information private to the extent allowed by the law. We keep you and your child's information on a secure computer labeled with a study number. We also keep your name and your child's name private. All staff involved in this research have signed a Privacy Pledge.

Participants can also choose to complete the survey online using a secure website. For those who do, the risks involved are no greater than those who use the Internet regularly.

This research has a federal Certificate of Confidentiality to protect you and your child's privacy. This means the researchers cannot share information that could identify you or your child, even if a court asks for it. However, the certificate does not stop us from reporting child abuse or threats to harm yourself or others, as required by federal, state, or local laws. In addition, the Administration for Children and Families (the agency that funds this research) is permitted to access information to confirm the research is being done properly.

We will never name you or your child in any reports. You and your child's information will be combined with information from others taking part in the study. You and your child's information, without anything that can identify you and your child, will be shared with other researchers and stored for research purposes.

There are two exceptions to this:

1) If we believe your child's life or health may be in danger, we must report it.
2) If we believe your life or health may be in danger, we will contact someone who can help.

Where can I learn more NSSCAW?

If you have questions, please call Natasha Aranguren at RTI, 917-650-2702. If you have questions about your child's rights as a study participant, please call RTI's Office of Human Research Protections at 1-866-214-2043 (a toll-free number).

Children aged 6–10 receive a $20 gift card as a thank you, and children aged 11–17 receive a $50 gift card. Your child will still receive the gift card, even if they skip questions or stop early.

Research Participant Statement

1= Yes, I give permission for my child to participate in the NSSCAW survey.

0 = No, I do not give permission for my child to participate in the NSSCAW survey.

Agreement to Combining NSSCAW Data with Other Data

With your permission, we would like to combine your child's NSSCAW information with other sources like information about your child's neighborhood and information collected by other agencies and programs.

1 = Yes, I agree to combine my and my child's NSSCAW information with other sources as described to me.

0 = No, I do not want to combine my and my child's NSSCAW information with other sources as described to me.

Audio Recordings Statement (*IN PERSON SURVEYS ONLY*)

As a part of our quality control process, we use a system that records parts of the survey. These recordings happen at random times. With your permission, this system will make recordings of what the child and I say to each other during the survey. Only the research team can review the recordings. The recordings help make sure the survey is done the right way. The recordings are securely stored on the computer and sent to RTI within 12 hours. The recordings will be deleted once the study is over and the data have been checked.

1 = Yes, I agree to have parts of my child's survey recorded by the computer.

0 = No, I do not agree to have any parts of my child's survey recorded.

Legal Guardian Permission for Child Participation

National and State Survey of Child and Adolescent Well-Being (NSSCAW)

What is National and State Survey of Child and Adolescent Well-Being or NSSCAW?

The Administration for Children and Families (ACF) provides funding for activities that support the well-being of children and families. ACF hired RTI International (RTI), a research company, to conduct a survey of children and families who have come in contact with the child welfare system. RTI is partnering with the Urban Institute to carry out the study.

How was the child selected?

RTI data collectors are contacting families of children selected from child welfare agencies throughout the United States. Selected children, their current caregiver, and a former caregiver may be asked to take a survey, depending on the child's situation. A child under your guardianship was one of 6,000 children selected to take part in this study. We must have permission from a parent or legal guardian to include the child in the study.

Why should I allow the child to take part?

The purpose of the survey is to better understand how children are doing in different areas of their lives. Only children between the ages of 6 and 17 are asked to answer questions as part of the study. The questions are designed to be age appropriate. Caregivers are also asked to respond to questions about the child's development.

What will the child be asked to do?

The survey with the child may take up to 25 minutes for younger children aged 6–10 and about 45 minutes for older children aged 11–17. Younger children are asked questions about their experiences with school, family, and friends. Older children are asked questions about their health, school, use of social media and other online activities, and their relationships with family and friends. Older children are also asked questions about bullying and risky behaviors such as drug use.

To help us learn more about the child's experiences without adding time to the survey, you will also be asked for permission to combine the child's survey responses with information about the neighborhood where they live and about any benefits or services the child may have received from public programs. Neighborhood information includes things like transportation options, childcare availability, and nearby health care. Benefits or services information includes things like cash assistance, nutritional assistance, food stamps. child support, childcare, education, juvenile justice, and health care records, as well as child welfare records, including participation in prevention and intervention programs. This includes information that exists now and future information. Combining information will help us better understand how certain types of support can help different types of children and families. We will stop combining information for the child when the child turns 18 years old.

What are the child's rights?

The child's participation in this study is completely voluntary. The child can skip any question or stop the survey at any time. Taking part in the study will not affect any benefits the child may receive.

Can anything bad happen to the child?

There are no physical risks to the child for taking part in this study. Some of the questions may make the child feel uncomfortable or upset. We have protections in place to collect and store our information securely. If someone does not follow the rules we set, however, there is a small risk that someone outside the study team might see the child's information. We will lower this risk by transferring and storing the child's information using a study number assigned to the child in place of the child's name.

If we learn a child's life or health may be in danger during the interview, we will share this information with the appropriate authorities. The Privacy section below provides more information.

Can anything good happen to the child?

There are no direct benefits to the child for taking part in this study. What we learn from the child may help to improve child welfare services and programs. By taking part, the child will help us understand the needs of children and the services available to them.

Will the child be contacted again?

The child may be contacted in the future to complete another survey. This will help us understand changes over time.

What about privacy?

We will keep the child's information private to the extent permitted by law. We keep the child's information on a secure computer labeled with a study number. We also keep the child's name private. All staff involved in this research have signed a Privacy Pledge.

Participants can also choose to complete the survey online using a secure website. For those who do, the risks involved are no greater than those who use the Internet regularly.

This research has a federal Certificate of Confidentiality to protect the child's privacy. This means the researchers cannot share the information they gather that could identify the child, even if a court asks for it. However, the certificate does not stop us from reporting child abuse or threats to harm yourself or others, as required by federal, state, or local laws. In addition, the Administration for Children and Families (the agency that funds this research) is permitted to access information to confirm the research is being conducted properly.

We will never identify a single person or family in our reports. The child's information will be combined with information from others taking part in the study. The child's information, without anything that can identify the child, will be shared with other researchers and stored for research purposes.

There is one exception to this:

1) If we believe the child's life or health may be in danger, we must report it.

Where can I learn more about NSSCAW?

If you have questions, please call Natasha Aranguren at RTI, 917-650-2702. If you have questions about the child's rights as a study participant, please call RTI's Office of Human Research Protections at 1-866-214-2043 (a toll-free number).

Children who are aged 6–10 receive a $20 gift card as a thank you, and children who are aged 11–17 receive a $50 gift card. The child will receive the gift card even if they skip questions or stop early.

Research Participant Statement

1= Yes, I give permission for this child to participate in the NSSCAW survey.

0 = No, I do not give permission for this child to participate in the NSSCAW survey.

Agreement to Combining NSSCAW Data with Other Data

With your permission, we would like to combine the child's NSSCAW information with other sources like information about the child's neighborhood and information collected by other agencies and programs.

1 = Yes, I agree to combine the child's NSSCAW information with other sources as described to me.

0 = No, I do not want to combine the child's NSSCAW information with other sources as described to me.

Audio Recordings Statement (*IN PERSON SURVEYS ONLY*)

As a part of our quality control process, we use a system that records parts of the survey. These recordings happen at random times. With your permission, this system will make recordings of what the child and I say to each other during the survey. Only the research team can review the recordings. The recordings help make sure the survey is done the right way. The recordings are securely stored on the computer and sent to RTI within 12 hours. The recordings will be deleted once the study is over and the data have been checked.

1 = Yes, I agree to have parts of the child's survey recorded by the computer.

0 = No, I do not agree to have any parts of the child's survey recorded.

Youth Assent (Aged 6–10)

National and State Survey of Child and Adolescent Well-Being (NSSCAW)

Introduction

This paper tells you about a research study. A research study is a way to learn more about something. This study wants to learn about children and families. A parent or a person who takes care of you said you could be in the study. If you join the study, you will be asked to answer some questions. You can decide if you want to answer the questions or not. If you decide to join, you can ask questions at any time.

Purpose

The government wants to learn about the needs of children like you. They want to improve programs and services children get. About 6,000 children in this country are helping with this study. Your parent or the person who takes care of you the most is also being asked to help with the study.

Types of Questions

If you join the study, you will be asked to answer questions about school and your friends. You will get a $20 gift card as a thank you, even if you skip a question or stop.

Time

Answering these questions will take about 25 minutes.

Risks

Some questions might be hard to think about. It's okay if you want to stop. If there is a question you don't want to answer, you can skip it. If you need a break, you can take one.

Benefits

What we learn from this study might help children like you across the United States.

Privacy

Your answers are typed into a computer. Your answers will be kept private. We won't share your answers with your parents, teachers, or anyone else. Special rules from the government say your information does not have to be shared, unless someone might be in danger. If you tell us you might hurt yourself or someone else, we will tell someone. If you tell us someone hurts you, we will tell people who can help.

Future Contacts

Later, you may be asked to answer other questions. You can decide then whether to join or not.

Agreement to Participate in NSSCAW

1= Yes, I agree to join NSSCAW.

0 = No, I do not agree to join NSSCAW.

Audio Recording Statement (*IN PERSON SURVEYS ONLY*)

The computer has a program that helps check that the work is done right. The computer may record what you say during the survey. It is not possible to know when it is recording. Someone who works on the study may listen to make sure everything is done right. The recordings are kept safe and private. They are deleted after they are checked.

1 = Yes, I want to have parts of our talk today recorded by the computer.

0 = No, I do not want any parts of our talk today recorded.

Youth Assent (Aged 11–17)

National and State Survey of Child and Adolescent Well-Being (NSSCAW)

Introduction

We want to invite you to join a research study. A research study is a way to learn more about something. This study wants to learn about children and families. A parent or a person who takes care of you said you could be in the study. If you join the study, you will be asked to answer some questions. You can decide if you want to answer the questions or not. If you decide to join, you can ask questions at any time.

Purpose

The government wants to learn about the needs of children like you. They want to improve programs and services children get. About 6,000 children in this country are helping with this study. Your parent or the person who takes care of you the most is also being asked to help with the study.

Types of Questions

If you decide to join the study, you will be asked to answer questions about your health, experiences at school, participation in activities, time spent online, and your relationships with family and friends. The survey also includes questions about bullying and risky behaviors like drug use and sexual activity.

You will get a $50 gift card as a thank you, even if you skip a question or stop.

The survey provides answers to a lot of questions but not all of them. With permission from your parent or the person who takes care of you, we would combine your survey answers with other information, such as information about your neighborhood, programs you may be a part of, or support you may be getting. Combining this information gives us a fuller picture of what the lives of children and families are like. We will stop combining information when you turn 18 years old. When you turn 18 years old, we may ask for your permission to combine information.

Time

Answering the questions in the survey will take about 45 minutes.

Risks

Some of the questions in the survey may make you feel sad or upset. Some of them may seem personal. It's okay if you want to stop. If you do not want to answer a question, you can skip it and go to the next question. It's okay to take a break or stop the survey and come back to it later.

Benefits

What we learn from this research study might help children like you across the United States.

Privacy

Your answers are entered into a computer. Your answers will be kept private. We won't share your answers with your parents, teachers, or anyone else. Special rules from the government say your information does not have to be shared unless someone might be in danger. If you tell

us you might hurt yourself or someone else, we will tell someone. If you tell us someone hurts you, we will tell people who can help.

Future Contacts

In the future, you may be asked to answer more questions. You can decide then if you want to.

Agreement to Participate in NSSCAW

1 = Yes, I agree to take part in NSSCAW.

0 = No, I do not agree to take part in NSSCAW.

Audio Recording (*IN PERSON SURVEYS ONLY*)

The computer has a program that helps check that the work is done right. The computer may record what you say during the survey. It's not possible to know exactly when it is recording. Someone who works on the study may listen to make sure everything is going well. The recordings are kept safe and private. They are deleted after they are checked.

1= Yes, I agree to have parts of our talk today recorded by the computer.

0 = No, I do not agree to have parts of our talk today recorded.

HIPAA Authorization Forms

HIPAA Authorization Form

Caregiver Authorization for Medicaid Data Linkage

National and State Survey of Child and Adolescent Well-Being (NSSCAW)

Child Name: _____

First Middle Last

Child's Date of Birth: _____/___/____

Month/Day/Year

We would like to better understand the types of health care your child may get from Medicaid. We want to combine your child's survey information with information about these services. This would give researchers a full picture of the services your child receives. Only NSSCAW researchers at RTI International will have access to your child's health information.

If you agree, you give permission to the U.S. Department of Health and Human Services (DHHS) and the Centers for Medicare and Medicaid Services (CMS) to use or release your child's health information for research.

The health information we may use or release for this research includes the following Medicaid services you and your child may be receiving:

- Type of Inpatient or Outpatient Services
- Diagnoses
- Medications Prescribed
- Payments for Services or Medications

My signature authorizes the release of my child's health information to the following group:

NSSCAW researchers at RTI International, Research Triangle Park, NC.

The law requires DHHS and CMS to protect your child's health information. Your permission allows DHHS and CMS to use and/or release your child's health information for this research.

DHHS or CMS cannot withhold or refuse treatment, payment, or enrollment in a health plan based on your agreement or refusal to provide permission. Agreeing with this request will not affect you or your child's eligibility for benefits.

Your child's health information may be provided to other people as part of this research. Some may not be required by federal privacy laws (such as HIPAA) to protect it. They may share your information without your approval if the laws governing them permit.

You may change your mind and cancel this agreement at any time. If you decide to remove your permission in the future, CMS and DHHS will not share new health information with NSSCAW

researchers. The health information already provided will continue to be part of the research process.

A copy of this request may be downloaded from [INSERT WEBSITE].

Agreement

Do you agree to allow researchers with NSSCAW at RTI International to combine your child's Medicaid data with survey data as described?

1 = Yes, I give permission to the U.S. Department of Health and Human Services (DHHS) and the Centers for Medicare and Medicaid Services (CMS) to use or release my child's health information.

0 = No, I do not give permission to the Department of Health and Human Services (DHHS) and the Centers for Medicare and Medicaid Services (CMS) to use or release my child's health information.

To withdraw your approval, you must contact:

RTI International

Attention: RTI Privacy Officer

3040 E. Cornwallis Road
P.O. Box 12194
Research Triangle Park, NC 27709-2194

This agreement will expire at the end of this research study or when your child turns 18 and reaches the age of legal consent.

Printed Name of Child's Parent/Guardian:

_____
First Middle Last

Signature of Child's Parent/Guardian:

_____

Date: ___/___/_____
Month/Day/Year

HIPAA Authorization Form

Legal Guardian Authorization for Medicaid Data Linkage

Authorization for Use or Disclosure (Release) of Health Information

National and State Survey of Child and Adolescent Well-Being (NSSCAW)

Child Name: _____

First Middle Last

Child's Date of Birth: _____/___/____

Month/Day/Year

We would like to better understand the types of health care the child may receive from Medicaid. We want to combine the child's survey information with information about these services. This would give researchers a full picture of the services the child receives. Only NSSCAW researchers at RTI International will have access to the child's health information.

If you agree, you give permission to the U.S. Department of Health and Human Services (DHHS) and the Centers for Medicare and Medicaid Services (CMS) to use or release the child's health information for research:

The health information we may use or release for this research includes the following Medicaid services the child may be receiving:

- Type of Inpatient or Outpatient Services
- Diagnoses
- Medications Prescribed
- Payments for Services or Medications

My signature, as a legal guardian of the child, authorizes the release of the child's health information to the following group:

NSSCAW researchers at RTI International, Research Triangle Park, NC.

The law requires DHHS and CMS to protect the child's health information. Your permission allows DHHS and CMS to use and/or release the child's health information for this research.

DHHS or CMS cannot withhold or refuse treatment, payment, or enrollment in a health plan based on your agreement or refusal to provide permission. Agreeing with this request will not affect the child's eligibility for benefits.

The child's health information may be provided to other people as part of this research. Some may not be required by federal privacy laws (such as HIPAA) to protect it. They may share the child's information without your approval if the laws governing them permit.

You may change your mind and cancel this agreement at any time. If you decide to remove your permission, CMS and DHHS will not share new health information with NSSCAW researchers. The health information already provided will continue to be part of the research process.

A copy of this request may be downloaded from [INSERT WEBSITE].

Agreement

Do you agree to allow researchers with NSSCAW at RTI International to combine the child's Medicaid data with survey data as described?

1 = Yes, I give permission to the U.S. Department of Health and Human Services (DHHS) and the Centers for Medicare and Medicaid Services (CMS) to use or release the child's health information.

0 = No, I do not give permission to the Department of Health and Human Services (DHHS) and the Centers for Medicare and Medicaid Services (CMS) to use or release the child's health information.

To remove your permission and cancel this request, you must contact us in writing at:

RTI International

Attention: RTI Privacy Officer

3040 E. Cornwallis Road
P.O. Box 12194
Research Triangle Park, NC 27709-2194

This agreement will expire at the end of this research study or when the child turns 18 and reaches the age of legal consent.

Printed Name of Child's Parent/Guardian:

_____
First Middle Last

Signature of Child's Parent/Guardian:

_____

Date: ___/___/_____
Month/Day/Year