

## WK LAT WRAPAROUND CONSENT FORM FOR SERVICE PROVIDERS

I, \_\_\_\_\_, consent to participate in a healthcare initiative on wraparound care. The initiative is being conducted by the Child & Youth Mental Health and Substance Use Collaborative - West Kootenay Local Action Team. The Collaborative is a partnership between Doctors of BC and the BC government, and involves an unprecedented number of stakeholders around the province - over 1000 youth, parents, family doctors, specialists, three government ministries; RCMP, school counsellors, indigenous/Aboriginal groups, and others are now involved.

I understand that this project is intended to understand the factors that facilitate or hinder coordinated service care and the implementation of a wraparound model of practice.

I understand that I may be asked to participate in an interview about services given to a family/families on my caseload and about the wraparound model of service delivery.

I understand that the family about whom I am being requested to share information regarding will have signed a consent form specifically authorizing the exchange of information between me and other service providers, and that I may see that form if I wish to do so.

I understand that my participation is voluntary and will not affect my regular employment. No feedback will be given to my employer about whether or not I participated in the study.

I understand that I do not have to answer any questions that I do not want to and am free to withdraw from the initiative at any time. I understand that any notes or records of my interview(s) will not contain identifying information and that this material will be stored in a safe place where only the Kootenay Boundary Division of Family Practice will have access to the information.

I understand that I will have the opportunity to attend a presentation at the conclusion of the project in which key learnings will be shared.

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

Name (Print) \_\_\_\_\_

Signature: \_\_\_\_\_

Email: \_\_\_\_\_