

## WK LAT WRAPAROUND CONSENT FORM FOR FAMILIES

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 initiative is intended to understand the factors that make possible or prevent coordination of services and how the implementation of a wraparound model of care may improve timely access to mental health and substance use supports for children, youth and families. I agree to allow other professionals to receive information about how the wraparound service was conducted with my family. The information gained from the initiative will help workers better understand the needs of families, and may help programs be designed to better meet the needs of families like my own.

I understand that my participation in the initiative is voluntary and that my decision to participate or not will not affect the services I receive from participating agencies. I understand that I am free to withdraw from the initiative at any time.

I understand that no information identifying me or my family members will be shared with professionals outside of the wraparound team, which includes the team of service providers working directly with my family and the project evaluator and advisors. I understand all files will be stored in a secure place where only the Kootenay Boundary Division of Family Practice will have access to the information.

I understand that any information I provide will be kept confidential within the wraparound team, as defined above, with the exception that if any information is shared about children being at risk of abuse this information must by law be reported to the mandated child welfare agency. I also understand that data from my experiences with the wraparound team will be collected and shared as part of the project evaluation, but that it will be combined with the data from other families, such that no identifying information about me or my family members will be included. I understand that any information I choose to share as part of the project evaluation is voluntary, and that my decision not to share information will not affect the services I receive.

I understand that when completed the initiative's findings may be presented to a professional audience, which may include general profiles of families involved in the WK LAT Wraparound Initiative.

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

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