

Baby's Name: _____

**HEALTHY FAMILIES ARIZONA
FAMILY RIGHTS, RESPONSIBILITIES AND
CONFIDENTIALITY POLICY**

Program Description:

Healthy Families Arizona is a home visitation program designed to teach child development, support families, provide service coordination and information and referral to families of infants and young children. Weekly home visits are scheduled at each family's convenience. Healthy Families Staff use several tools which help us to improve the quality of service to you. These tools include: A child development screen which helps us share child growth and development activities with you; A screen which will assist you in identifying areas you might want support in; Safety checklists which we will complete together to keep your home healthy and safe for you and your family, and parent satisfaction questionnaires which assist us in providing services to better meet your needs.

Family Rights and Responsibilities:

Healthy Families Arizona staff recognizes that families are crucial in the lives of children. Staff expect that families will participate in all aspects of planning, as the decisions made affect their lives. You will also have an opportunity to contribute to your community through volunteer services. Healthy Families Arizona has established the following policies and procedures so that family's rights are protected. All families participating in the program have the following rights:

- The right to ongoing participation in the planning of services to be provided and in the development and periodic revision of the service plan
- The right to an individualized, written service plan (to be developed upon program entry), periodic review and re-assessment of needs, and appropriate revisions of the plan
- The right to refuse participation in evaluation
- The right to confidentiality of records
- The right to access, upon request, one's own records
- As appropriate, the right to referral to other services
- The right to terminate service

I would like to participate in the Healthy Families Arizona program. I understand that limited identifying information may be shared with the funding sources.

Parent/Guardian Signature _____ Program Enrollment Date: _____

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1st Home Visit Date: _____, and time: _____.

Name of home visitor (if known) _____