

## Family Agreement to Consultation and Release of Information

Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address
City
State
Zip Code

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

Early Learning Program: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address
City
State
Zip Code

As my child's legal guardian, I authorize my child's early learning program to exchange information with SUCCESS for the purpose of understanding my child's social emotional development and behavior. I also consent for consultation services provided by SUCCESS Early Childhood Mental Health Consultants (ECMHCs) that are focused on supporting my child's social emotional development and behavior.

Families are important partners. I understand that the SUCCESS ECMHC will be available to answer questions about child development and behavior. The SUCCESS ECMHC is also available to provide relevant resources and supports within my child's early learning environment and my community. Because families are a critical source of information about their children, I understand that I may be asked to participate in conversations with the SUCCESS ECMHC and provide information to assist with the consultation services. I understand consultation activities may include:

- Review of my child's early learning program records
- Observing my child in his/her classroom
- Direct contact with my child's teachers and Program staff, my child, and my family in order to provide behavioral health consultation services.
- Providing a written summary of consultation services, which may be placed in my child's early learning program record.

It is important to know that all information or opinions collected or learned incidentally during SUCCESS activities will be kept confidential. The exception to this is in the instance of abuse or neglect. SUCCESS staff are mandated by RI State Law to report suspected or known cases of child abuse and neglect to appropriate authorities. In addition to examining information collected as part of SUCCESS on an individual basis to best support your child in his/her early learning environment, we also look at group-level information on all children involved in SUCCESS to see how our program is working.

I understand that by signing this form I may revoke this consent at any future time. By signing this form, I acknowledge that all the above information is true and accurate.

\_\_\_\_\_  
*Signature of Parent/Legal Guardian* *Time/Date*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature of Parent/Legal Guardian* *Time/Date*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature of Director* *Time/Date*

\_\_\_\_\_  
*Print Name*