

FAMILY ADVOCACY INFORMED CONSENT
Prevention

Family Advocacy prevention services are designed to strengthen and support the health and wellness of military families.

I understand that participation in the prevention program offered is completely voluntary and that I may choose to withdraw at any time without notice and without giving a reason.

I will be asked to participate in program assessment questionnaires. The data from these questionnaires will be analyzed as group data. Research findings NEVER include individual names or other identifying information.

I further understand there may be possible risks and benefits to participating. Possible risks: some questions may touch on personal or sensitive issues. Possible benefits: increased understanding of family issues and concerns, and skills in dealing with them; knowledge of health and self-care practices, and increased satisfaction with myself and other family members.

I understand that if at any time information I disclose has a bearing on my personal or my family's safety and/or medical needs, it may be necessary for you to communicate this information to a physician or appropriate Air Force personnel. In such a situation, I will be informed of the reasons for concern and the decision to relate this information.

The work of student professionals, technicians and volunteers providing services to my family is reviewed after each contact to ensure quality.

I have read this form and fully understand benefits and risks. I agree to participate in the program.

Signature:

Date:

I have reviewed the information on this form with the above-identified client to ensure he/she understands FAP prevention informed consent policies.

“The information accessed through this system is CONTROLLED UNCLASSIFIED INFORMATION and must be protected in accordance with the Privacy Act of 1974, the Health Insurance and Portability and Accountability Act, and AFI 33-332.”

Signature of Witness:

Date: