

**IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT
IN AND FOR BREVARD COUNTY, FLORIDA**

In the Interest of:

Dependency Division

Early Childhood Court

Minor Child(ren)

Case No: _____

WAIVER OF CONFIDENTIALITY AND CONSENT TO EXCHANGE INFORMATION

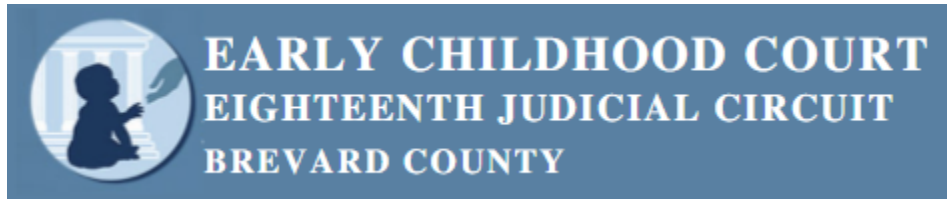
I HEREBY ACKNOWLEDGE that the purpose of Early Childhood Court (ECC) is to provide assistance to me and my family and to assist in the reunification of my family in a safe, supportive, and nurturing environment; and a great deal of time, effort and resources will be expended solely for our benefit; and,

Early Childhood Court is not available to everyone due to limited resources and eligibility criteria; and, in an effort to enhance the services provided in Early Childhood Court, it may be necessary for treatment and service providers, including the Department of Children and Families (DCF), Brevard Family Partnership and its family of agencies (including Family Allies), the Guardian ad Litem Program, and other individuals associated with or providing assistance to me and/or my family to communicate with each other about my participation and progress, outside my presence and/or the presence of my attorney or family, information that may otherwise be deemed confidential; and,

In order for me and my family to participate in this unique problem-solving court and receive its benefits and services, I understand that I must waive certain rights that would otherwise be given to me if I did not participate in Early Childhood Court; therefore,

I HEREBY VOLUNTARILY AGREE TO THE FOLLOWING CONDITIONS AND VOLUNTARILY WAIVE THE FOLLOWING RIGHTS:

1. In an effort to enhance the value of the services provided in Early Childhood Court, it may be necessary for the treatment and service providers and agencies to communicate with each other regarding my case and my treatment and services during the dependency case or in any subsequent review by the Early Childhood Court team. Therefore, **I freely, voluntarily and knowingly** waive any objections to these communications outside of my presence or presence of my attorney. I waive all state and federal rights of confidentiality regarding discussions about my case and my treatment and services between only those persons who are directly involved with Early Childhood Court team, and I consent to the exchange of



information and communication about my case, my treatment and services between those persons who are directly involved with Early Childhood Court team.

2. I DO NOT WAIVE any rights of privacy or confidentiality regarding any aspect of my case or treatment or services concerning communications with any person or agency that is not affiliated with Early Childhood Court. This waiver shall be valid and remain in effect only as long as I am a current participant in Early Childhood Court and have not been discharged by court order.

CERTIFICATION

I HEREBY CERTIFY that I have read the above Waiver and Consent and agree to all of its terms and conditions freely and voluntarily. I acknowledge having meaningfully consulted with my attorney prior to signing this Waiver and Consent.

Parent's Signature
Parent's Name: _____

Date

Witness Signature
Witness Name, Title

Date

