

EIGHTEENTH JUDICIAL CIRCUIT PROBLEM-SOLVING COURTS
EARLY CHILDHOOD COURT - Brevard County, FL
Moore Justice Center • 2825 Judge Fran Jamieson Way • Viera, FL 32940 • (321) 635-5070

Case No(s).: _____

CONSENT TO COMMUNICATION AND EXCHANGE OF INFORMATION

I, the undersigned participant, hereby voluntarily authorize the disclosure of my confidential treatment records and related health information as described below.

Full Name: _____

Date of Birth: _____ Telephone: _____

Address: _____

I hereby acknowledge that the purpose of Early Childhood Court (ECC) is to provide services 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), Family Partnerships of Central Florida and its family of agencies (including Family Allies), the Guardian ad Litem (GAL) Office, 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. This involves multidisciplinary team members including but not limited to treatment and service providers, case managers, family time facilitators, clinical supports, and GAL representatives.
2. I understand that ECC status hearings will occur monthly, more or less, and that these are non-statutory hearings. I further understand that all issues to be considered at these hearings include but are not limited to family time, sibling contact, services for parents and child(ren), reunification, case plan compliance, case plan amendments, conditions for return, and goal changes. I freely, voluntarily, and knowingly waive any requirements for issues to be raised in a separate notice of hearing. I acknowledge that this document constitutes sufficient and adequate notice of all issues that may be discussed during these hearings.

3. 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.

Participant Printed Name

Witness Printed Name

Participant Signature

Witness Signature

Date

Title

Date