



Parent Information Form
Summer Camp 2021: Piti
WestCare Pacific Islands Summer Camp
August 2 - August 6: Piti Social Hall

Please Return to WestCare

I, _____, Parent/Legal Guardian of _____ give consent for my youth to participate in the **WestCare Pacific Islands - Summer Camp 2021: Piti**. As Parent/Guardian/Participant, we have read and reviewed the rules and regulations stated above and have discussed them with the participant. We understand and agree to abide by all the rules and regulations. Violation of any rules/regulations will be dealt with by immediate removal from the activity and/or the event. We consent to participation in all program activities as scheduled. We agree to indemnify and hold WestCare Pacific Islands, its partners and sponsors harmless from and against all claims, damages, cause of action or other liabilities caused by my child's violation of any of these rules and regulations contained in this agreement.

Participant's Name: _____ Grade Level: ☐6th ☐7th ☐8th
Recent School Attended: _____ Age: _____ Gender: ☐Male ☐Female
____ Has this youth attended any WestCare Pacific Islands programs? ☐ No ☐ Yes
If so, what year and/or location? _____

Does your child have any allergies we should be aware of? If yes, please indicate allergy and any special instructions.

Does your child have any physical or behavioral health conditions we should be aware of? If so, please indicate which health condition and special instructions.

Parent/Guardian 1 Print Name: _____ Signature: _____ Date: _____

Parent/Guardian 2 Print Name: _____ *Signature: _____ Date: _____

(*2nd Parent /Guardian Signature when appropriate or necessary)

Address: _____ City: _____ Zip Code: _____

Home Phone(s): _____ Work Phone(s): _____

Cell Phone(s): _____ Email: _____

If for any reason you may not be able to pick up your child, who may be authorized to pick them up?

(Please indicate an Emergency contact person(s) other than yourself with a v)

☐ Name: _____ Relationship: _____ Contact Number: _____

☐ Name: _____ Relationship: _____ Contact Number: _____

☐ Name: _____ Relationship: _____ Contact Number: _____

☐ Name: _____ Relationship: _____ Contact Number: _____

Please inform authorized person(s) to bring Photo ID for verification during drop off and pick up.

Please indicate T-shirt size for participating youth: ☐Youth M ☐Youth L ☐Adult S ☐Adult M ☐Adult L



WestCare Pacific Islands

Participant Registration Form

(To be completed by Parent/Legal Guardian)

WestCare Pacific Islands is home to an array of services committed to the well-being of families and the communities it serves. By selecting any of the following, we can assist in getting you connected to appropriate service providers. (Select all that apply.)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Public Assistance | <input type="checkbox"/> Transportation | <input type="checkbox"/> Healthcare Assistance | <input type="checkbox"/> Counseling Support |
| <input type="checkbox"/> Childcare Assistance | <input type="checkbox"/> Housing | <input type="checkbox"/> Disabilities Assistance | <input type="checkbox"/> Literacy Class |
| <input type="checkbox"/> Relationship Enrichment | <input type="checkbox"/> Financial Literacy | <input type="checkbox"/> Support for Veterans & their Families | <input type="checkbox"/> Employment |
| <input type="checkbox"/> English as a Second Language (ESL) | | | |
| <input type="checkbox"/> HIV/STI Testing | | | |
| <input type="checkbox"/> Other: _____ | | | |

We aim to provide a safe and comfortable space for our program participants. Please let us know about any accommodations you may need while enrolled in our program:



Client Email/Texting Informed Consent Form



1. Risk of using email/texting

The transmission of client information by email and/or texting has a number of risks that clients should consider prior to the use of email and/or texting. These include, but are not limited to, the following risks:

1. Email and texts can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
2. Email and text senders can easily misaddress an email or text and send the information to an undesired recipient.
3. Backup copies of emails and texts may exist even after the sender and/or the recipient has deleted his or her copy.
4. Employers and on-line services have a right to inspect emails sent through their company systems.
5. Emails and texts can be intercepted, altered, forwarded or used without authorization or detection.
6. Email and texts can be used as evidence in court.
7. Emails and texts may not be secure and therefore it is possible that the confidentiality of such communications may be breached by a third party.

2. Conditions for the use of email and texts

The Research Assistant and Evaluation Team cannot guarantee but will use reasonable means to maintain security and confidentiality of email and text information sent and received. The Research Assistant and Evaluation Team are not liable for improper disclosure of confidential information that is not caused by the Research Assistant or Evaluation Team's intentional misconduct. Clients/Parent's/Legal Guardians must acknowledge and consent to the following conditions:

1. Email and texting is not appropriate for urgent or emergency situations. Provider cannot guarantee that any particular email and/or text will be read and responded to within any particular period of time.
2. Email and texts should be concise. The client/parent/legal guardian should call and/or schedule an appointment to discuss complex and/or sensitive situations.
3. All email will usually be printed and filed into the client's medical record. Texts may be printed and filed as well.
4. Provider will not forward client's/parent's/legal guardian's identifiable emails and/or texts without the client's/parent's/legal guardian's written consent, except as authorized by law.
5. Clients/parents/legal guardians should not use email or texts for communication of sensitive medical information.
6. Provider is not liable for breaches of confidentiality caused by the client or any third party.
7. It is the client's/parent's/legal guardian's responsibility to follow up and/or schedule an appointment if warranted.



Client Email/Texting Informed Consent Form



3. Client Acknowledgement and Agreement

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of email and/or texts between my Therapist/Counselor/Case Manager and me, and consent to the conditions and instructions outlined, as well as any other instructions that my Therapist/Counselor/Case Manager may impose to communicate with me by email or text.

Client name: _____

Client signature: _____ Date: _____

Parent/Legal Guardian name: _____

Parent/Legal Guardian signature: _____ Date: _____

Provider name: _____

Provider signature: _____ Date: _____



I Lina'la-Hu Informed Consent for Media Release

Individual Name: _____ **DOB:** _____
Last Name First Name

Location of Services (program/site of service): **Summer Camp 2021: Piti / Piti Social Hall**

Name of Media(s) (person/agency/social media platform) **and Purpose of Release:**

| | |
|-----------------------------|---|
| Instagram | Posts, stories, and testimonials |
| NAME OF MEDIA | PURPOSE OF RELEASE |
| Facebook | Posts, stories, and testimonials |
| NAME OF MEDIA | PURPOSE OF RELEASE |
| KUAM | Posts, stories, and testimonials |
| NAME OF MEDIA | PURPOSE OF RELEASE |
| The Post | Posts, stories, and testimonials |
| NAME OF MEDIA | PURPOSE OF RELEASE |
| PDN Newspaper | Posts, stories, and testimonials |
| NAME OF MEDIA | PURPOSE OF RELEASE |
| WestCare Newsletters | Posts, stories, and testimonials |
| NAME OF MEDIA | PURPOSE OF RELEASE |

Definition of Media Release:

This release allows WestCare to use the information provided only for the purpose expressed above. This consent is voluntary and can be revoked at any time, with the exception of information which may have already been used. It is important to understand that with this release there are benefits and risks some of which, not limited to, are outlined below.

Potential Benefits:

1. Helps to publicize WestCare's good works.
2. Can educate new staff, interns, students, potential donors, etc.
3. Can be an excellent way to promote the benefits of treatment.

Potential Risks:

1. Any time a person served's photograph(s), name, video, and/or voice are used in publicity material there is the real danger of breaching confidentiality.
2. With disclosures to the media or other promotional outlets is that by definition they involve re-disclosure.
3. WestCare cannot guarantee that this information will not be discovered and distributed to additional media outlets therefore being re-disclosed.

By signing this form, I understand and agree to the following:

1. I acknowledge that I have been counseled on the risks of disclosing information to the media and that I fully understand these risks.
2. I understand that my consent is voluntary and can be revoked at any time, with the exception of information which may have already been used/shared.
3. I release WestCare from any and all liability, which may be the result of publicity, which identifies me as a person served by WestCare, or participant in any WestCare program in which I voluntarily participate or participated in.

Signature of Person Served (or Authorized Signer)

Date

If Authorized Signer, relationship to Person Served:

Date

Witness

Date

I have been offered a copy of this consent form (person served or authorized signers initials) _____



Parental Consent Form (Informed Consent)



ABOUT I LINA'LA-HU

WestCare Pacific Island's (WPI) I Lina'la-Hu or "My Life" is a youth prevention program focused on sexual risk avoidance. I Lina'la-Hu utilizes a culturally responsive, medically accurate, and age-appropriate approach with consideration to LGBTQIA+ inclusivity. The overall goal of the program is to educate youth living on Guam on how to voluntarily refrain from non-marital sexual activity and prevent other youth risk behaviors. The program will focus education on preventing teen pregnancies, preventing and reducing sexually transmitted infections (STIs,) preventing intimate partner and dating violence and coercion, and will incorporate education and skill building in sexual risk avoidance, responsible decision making, and the identification of local resources.

I Lina'la-Hu is a 3-year program that will run from October 2020 to September 2023. Its goal is to serve 600 youth on Guam over the course of the program. Each cohort will receive a total of 13 lessons to be administered across 3 to 4 months.

Funding for I Lina'la-Hu is provided by the U.S. Department of Health and Human Services, Administration for Children and Families, Grant #90SR0121-01-00. Any opinions, findings, and conclusions or recommendations expressed in this material are those of the author(s) and do not necessarily reflect the views of the United States Department of Health and Human Services, Administration for Children and Families. These services are available to all eligible persons, regardless of age, race, gender, disability or religion.

CODE OF ETHICS

Your child's welfare is our primary concern. All participants are treated in a fair and equal manner and no one is given special consideration or advantage over anyone else. Staff are not allowed to accept monetary gifts from participants or their families. No staff member is permitted to act as a sponsor for a participant for any recognized self-help or peer support group (e.g., Alcoholics Anonymous, Narcotics Anonymous, etc.). Staff cannot have personal/social relationships with any participant who is receiving or has received services from WestCare.

ELIGIBILITY

Participants who qualify for this service must be between the ages of 11 and 14. The school-based curriculum instruction services youth in 6th thru 8th grade levels. Summer programming may include youth beyond these parameters to include incoming and outgoing middle school youth.

SERVICES OFFERED

I Lina'la-Hu provides its services in a school-based setting through closed groups over 13 lessons. Education sessions will take place at the school during a non-instructional period or through various distance facilitated platforms, in accordance with local mandates and Guam Department of Education protocols. Education sessions will last between 30 to 70 minutes. Additionally, a group activity such as a Mentoring Event or Parent/Youth Event will be held for all participants in the program.

To teach the skills and adulthood preparation subjects, the program uses the following curriculum:

Love Notes 3.0 Sexual Risk Avoidance Education is an evidence-based curriculum that promotes abstinence by allowing youth to learn more about themselves: how their past has shaped the present and how to make decisions on what they want for their future. Youth will learn what healthy relationships are and are not while building a set of skills for choosing friends and partners, and for developing and maintaining healthy relationships that do not involve sex, including evidence-based communication and conflict management skills. Trusted adult connection activities offer conversation starters on healthy relationships and on the benefits of leaving sex out of their youthful relationships. There are 13 modules/lessons within the curriculum, each varying in length ranging from 30 to 70 minutes.

Permission Form (Informed Consent)

I Lina'la-Hu utilizes a person-centered approach with a positive youth development framework and as such makes every effort to be mindful of the varied cultural and linguistic needs of the participants it serves. I Lina'la-Hu will work closely with the curriculum developer and stakeholders to ensure adaptations only serve to enhance participants' educational experience. I Lina'la-Hu acknowledges the sensitive nature of the program's goals and curriculum content, and the cultural taboos that may exist surrounding the topics of sex and sex education and is mindful of addressing these taboos in a way that resonates with participants culturally.

Resource for Additional Referrals: Program Staff can work with individuals to identify needs beyond the scope of the program, if any. If additional service needs are identified, program staff will make the appropriate referrals and support the youth by following up with them and the referred service providers.

Transportation

This program does not offer transportation.

Consent for Services

Parental consent is required prior to for youth to participate in completing surveys. The parental consent form provides information on the potential benefits and risks youth may experience while participating in the program. A copy of all completed and appropriately signed consent forms will be maintained in participant's individual files. Without the signed completion of this consent form by a parent and/or guardian of the participating minor, no surveys will be administered.

Surveys and Focus Groups

Participating youth will complete two surveys and take part in a focus group before their first group session and complete three surveys and a take part in a focus group after completing their final session. At each of the two time points (before and after), the surveys will take approximately 25 minutes to complete. Focus Groups will last approximately 30-45 minutes. The surveys will measure participant learning experience regarding the topics of responsible decision making, goal setting, healthy relationship skills, resisting sexual coercion, other youth risk behaviors as well as their satisfaction with the program. To ensure the confidentiality (privacy) of participant responses on the surveys, there will not be any identifying information on them. Focus groups helps us find out what really matters most to youth and how we can improve our program. Focus groups will be conducted by our Local Evaluator.

An assigned ILH staff will be take notes during the entire focus group session and will record using an audio recording device. The Local Evaluator will not will NOT refer to your child by his/her name. Instead, badges with Participant Numbers will be assigned to each student and will be used to refer to each student throughout the entire discussion.

Survey and focus group participation is voluntary. Participants are not obligated to answer all questions on the surveys and focus groups and may skip any questions at their discretion. If at any time a participant or their parent(s)/guardian(s) feel uncomfortable with participation in the program, they are welcome to cease and discontinue participation.

POTENTIAL SIDE EFFECTS, RISKS, AND DISCOMFORT

Your child may be uncomfortable answering questions about his/her personal habits and activities. Your child does not have to answer any question that he/she does not want to answer. Your child may meet friends or acquaintances while in the program, and this may be embarrassing. Your child's knowledge may not increase, and his/her behavior may not improve.

It is also possible that your child might share sensitive information during the sessions and that other participants in the group will tell this information to someone who is not in the group. Therefore, other people learning personal information about your child or your family is a risk (loss of confidentiality).

Permission Form (Informed Consent)

If your child discloses to us that someone is abusing or neglecting him/her, that he/she is abusing someone, or that he/she is a danger to himself/herself or someone else, the law requires that we must report this to the proper authorities.

You and your child will be informed in a timely manner if current information is available that may affect your willingness to continue permit your child's participation in the program.

Potential Benefits

There is no assurance that this program will benefit your child. However, your child may experience increased knowledge of the benefits of responsible decision making, goal setting, healthy relationships, resisting sexual coercion, improved communication skills, and increased awareness of the negative effects of other youth risk behaviors.

Alternative to Participation

Participation in this program is voluntary. Program staff will honor the participants' and/or parent(s)/guardian(s) decision to withdraw from the program and thus will be discharged from the program and will no longer receive services. Participants' alternative is to not participate in the program.

Compensation

Neither participant nor parent(s)/guardian(s) will receive any payments for joining the program and/or for answering the surveys.

Costs

There is no cost to participate in the program. For example, participant's insurance company will not be billed for answering surveys, going to any educational sessions, or going to any events.

Voluntary Participation/Right to Withdraw

Participation in this program is VOLUNTARY. Should participant's or their parent(s)/guardian(s) choose not to participate, it will not affect their relationship with WestCare Pacific Islands, Inc. or their right to services to which they may be otherwise entitled. If participants or their parent(s)/guardian(s) decide not to participate, they are free to stop their participation at any time. There will be no effect on their care at WestCare Pacific Islands, Inc.

Participation may be stopped without a participant's consent or that of their parent(s)/guardian(s) by the program staff for any reason. For example, participation may be stopped if participants fail to comply with Group Agreements.

Questions and Persons to Contact

Parent(s)/guardian(s) and participants have the right to ask questions about this form or the program at any time. If you have questions, concerns, complaints about the research, would like information, or would like to offer input, or if have questions about rights as a participant, contact:

Aja C. Ramos

Vice President of Operations
WestCare Pacific Islands
Tel: (671) 472-0218/9
222 Chalan Santo Papa
Suite 102 Reflection Center
Hagåtña, Guam 96910

Melissa A. Rhea, Ed.D

Director of Evaluation and Quality
Western/Pacific Island Regions
Tel: (559) 708-8172
WestCare Foundation
P.O. Box 12107
Fresno, CA 93776

Permission Form (Informed Consent)

CONFIDENTIALITY

During participation in the program, information will be collected about your child, and the following people will be able to see the information collected:

- a. The program sponsor and its representatives (WestCare Foundation)
- b. The Department of Health and Human Services, Administration of Children and Families, Family Youth Services Bureau
- c. Local or federal agencies who overview or monitor the WestCare Pacific Islands programs. They may review the study information to make sure that it is correct. They may also review your child's information that the study is being conducted properly. However, information that identifies your child will not be on records that are kept.

My son/daughter, _____, has my permission to participate in WestCare's I Lina'la-Hu (My Life) program groups and evaluation/follow up processes during the Summer Camp 2021: Piti which is free of cost. I understand the program educates participants with knowledge of the benefits of responsible decision making, goal setting, healthy relationships, resisting sexual coercion, improved communication skills, and increased awareness of the negative effects of other youth risk behaviors. I understand the program curriculum and evaluation processes are delivered either in-person at my child's school site or via virtual platforms (video conferencing and online surveys). I have read and accept the agreements that follow. I understand that I can contact the facilitator, Regina Shiroma at 688-3292 from M-F, 8:30-5:30 for any questions/concerns.

THE AGREEMENTS FOR PARTICIPATION IN EVALUATION:

- We are asking your son/daughter to complete surveys and a focus group before the group sessions begin and after the group sessions are completed.
- At each of the two time points (before and after), the surveys will take approximately 25 minutes and the focus group will take approximately 30 minutes.
- Participation in the evaluation/follow-up component is voluntary. If at any time you feel uncomfortable with your son/daughter participating, you may discontinue their participation.
- Your son/daughter is not obligated to answer all questions on the surveys or focus groups and they may skip any questions they would like to skip.
- To ensure the confidentiality (privacy) of your son/daughter's responses on the surveys, there will not be any identifying information on them.
- There are only a few exceptions to confidentiality. According to law, the following are the few exceptions:

"I understand that there are two exceptions to the promise of confidentiality. There are no questions on these forms related to these types of matters. However, please be aware that if information is revealed concerning suicide, homicide or child abuse and neglect, it is required by law that this be reported to the proper authorities. In addition, should any information contained in this study be the subject of a court order or lawful subpoena, our group may not be able to avoid compliance with the order or subpoena."

Again, I understand that I may contact the facilitator with questions or comments about the group sessions or the evaluation/follow up.

"I have read and understand the foregoing description of the WestCare I Lina'la-Hu (My Life) program. I have had the chance to ask any questions I have about my son/daughter's participation."

Permission Form (Informed Consent)

Check one:

I agree to permit my son/daughter to participate in the anonymous surveys for the I Lina'la-Hu program. I understand that my child may be asked some personal questions but can decide not to complete any or all parts of the surveys. I understand that all information will be kept strictly confidential. Only the ILH staff will be able to see the anonymous surveys

I do not agree to permit my son/daughter to participate in the surveys for the I Lina'la-Hu program.

Parent/Guardian Name _____ Phone _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name _____ Phone _____

Parent/Guardian Signature _____ Date _____

(2nd parent signature when appropriate or necessary)

Facilitators: Provide one copy of this agreement to each parent so that they have your contact information.



I Lina'la-Hu Youth Assent Form



I Lina'la-Hu “My Life”

I Lina'la-Hu helps youth learn of the benefits of responsible decision making, goal-setting, forming and maintaining healthy relationships, avoiding early sexual activity, improved communication skills. It also helps youth avoid other risk behaviors.

What Is the Evaluation About?

I Lina'la-Hu is part of a national study sponsored by the U.S. Department of Health and Human Services (DHHS). The evaluation will gather information about:

- characteristics and strengths of youth who participate in the program;
- youth behaviors, experiences, and decisions;
- whether youth think the program works; and
- what happened in the program.

This evaluation includes 600 students on Guam from Agueda I. Johnston Middle School and Jose L.G. Rios Middle School.

Your parent/guardian has agreed that you can be in the evaluation. If you agree to be in the evaluation, you will be asked to fill out two surveys in class before the program begins. And you will be asked to fill out three surveys in class after the program ends. Surveys will not include any youth names. The surveys will include questions for middle school students about their living situation. Questions will ask whether youth think the program affected their decisions to avoid having sex. Questions will ask whether youth have had sex and whether they have been pregnant or had a sexually transmitted infection (STI). And questions will ask about use of alcohol, tobacco, or other drugs.

Even though your parent/guardian agreed that you can be in the study, you can decide not to complete any or all parts of the surveys.

You will receive a copy of this form to keep.

Your Answers Will Be Kept Private

No survey answers will be linked with your name. Only ILH Research Assistant and the WestCare Pacific Islands' Director of Research and Evaluation will be able to see the surveys. The surveys will not be shared with the school. Answers you provide will be combined with those from other youth in the study. That way, DHHS can say things like, “75 percent of youth surveyed felt they plan to not have sex as a result of the program.”

Risks from Being in the Study

It is possible that your answers could be seen by another student or somehow revealed. If answers were revealed, you might be embarrassed or you might get in trouble if you answered that you used alcohol under age or used illegal drugs. However, it is very unlikely that your answers will be revealed and we will make every effort to keep all answers private. You should not write your name on the surveys.

It is possible that some of the topics in the surveys might make you uncomfortable or upset. You may skip any questions that make you feel this way. We will give all youth a

list of people they can talk to if they would like to do so. Our staff will be available to talk to you, answer questions, and accompany you to the school counselor's office if needed.

Benefits of Study Participation

The information received from youth will improve I Lina'la-Hu program services funded by the federal government.

Your Participation Is Voluntary

We hope that you will want to be in the study, but you do not have to participate. As mentioned previously, even though your parent/guardian consented to your participation in the study, you may skip any questions that make you uncomfortable. If you do not participate in the study, your decision will not affect your grades or school services.

If you have any questions, you may call Dr. Melissa Rhea at (559) 708-8172 or Aja Ramos at (671) 472-0218/9

THE AGREEMENTS FOR PARTICIPATION IN GROUP:

- We keep it confidential. What is said here, stays here.
- We respect each other. We respect each other's property.
- We have the right to pass.
- We speak for ourselves, and don't gossip.
- We listen to one another. If they ask for advice, I will offer any experiences I have that might help.
- We are honest.
- We let others speak until they are finished.
- There is no one right answer. We agree to disagree with respect.
- We show up to each meeting.
- Take off hats and sunglasses and turn cell phones off.
- If the facilitators believe any one of us is not safe due to abuse or a threat to ourselves or others, they will need to talk to our parents, guardians, or authorities to stop or prevent any harm to us.

YOUTH ASSENT TO PARTICIPATE IN THE I LINA'LA-HU STUDY

I have read the above information. By signing this form, I am indicating that I agree to participate in the study and have received answers to all my questions.

I agree to participate in surveys for the I Lina'la-Hu program. I understand that I may be asked some personal questions, but I can decide not to complete any or all parts of the surveys. I understand that all information will be kept strictly confidential. Only the I Lina'la-Hu program staff will be able to see the anonymous surveys.

Name of Youth (Printed) _____

Signature of Youth _____ Date _____



WestCare Pacific Islands, Inc (WC PI)



Maolek Na Lina'la (Life Is Good)

ID Number: _____

Permission Form (Informed Consent)

My son/daughter, _____, has my permission to participate in WestCare's Maolek Na Lina'la's (Life is Good) prevention program and evaluation/follow up processes during the Summer Camp 2021: Piti, which is free of cost. I understand the program provides youth curriculum information on positive action by learning how to think and do positive actions through teaching principles of a healthy self-concept, positive actions for your mind and body, and self-management.

I understand the program curriculum and evaluation processes are delivered either face-to-face or through a virtual platform. In the virtual setting, the Positive Action curriculum will be delivered through videocall on BlueJeans with additional applications such as Kahoot and Wooclap to enhance and provide feedback to the facilitators during the lessons and also provide an opportunity to interact through trivia games.

There will also be a pre and post survey administered through an individual weblink sent to each participant that will direct them to each Positive Action surveys. One survey will be distributed before lesson one of the curriculum (pre-survey) and one survey distributed immediately following the completion of the last lesson of the curriculum (post-survey)

I have read and accepted the agreements that follow. I understand that I can contact the facilitator(s) Kathryn Bisalen or Salome Vuki at (671)687-4235 or (671)687-7635 from Monday to Friday, 8:30am–5:30pm for any questions/concerns.

THE AGREEMENTS FOR PARTICIPATION IN GROUP:

- We keep it confidential. What is said here stays here.
- We respect each other. We respect each other's property.
- We have the right to pass.
- We speak for ourselves, and don't gossip.
- We listen to one another. If they ask for advice, I will offer any experiences I have that might help.
- We are honest.
- We let others speak until they are finished.
- There is no one right answer. We agree to disagree with respect.
- We show up to each meeting.
- Take off hats and sunglasses and turn cell phones off.
- If the facilitators believe any one of us is not safe due to abuse or a threat to ourselves or others, they will need to talk to our parents, guardians, or authorities to stop or prevent any harm to us.

THE AGREEMENTS FOR PARTICIPATION IN EVALUATION & FOLLOW UP:



WestCare Pacific Islands, Inc (WC PI)



Maolek Na Lina'la (Life Is Good)

- We are asking your son/daughter to complete surveys and in some cases a focus group *before* the group sessions begin and *after* the group sessions are completed.
- At each of the two time points (*before and after*), the surveys will take approximately 25 minutes and the focus group will take approximately 30 minutes.
- The risks of participating in the program are likely to be quite low. However, you should be aware that there is always a possibility of some risk or discomfort.
- The benefits of participating in the program are multifaceted: to provide middle to high school students and their parents/ guardians prevention services to delay the onset or prevent the use of alcohol or marijuana use, to improve character, social skills, self-management skills, mental health, and skills for setting and achieving goals for students.
- Participation in the evaluation/follow up component is voluntary. If at any time you feel uncomfortable with your son/daughter participating, you may discontinue their participation.
- Your son/daughter is not obligated to answer all questions on the surveys or focus groups and they may skip any questions they would like to skip.
- To ensure the confidentiality (privacy) of your son/daughter's responses on the surveys, there will not be any identifying information on them, only an ID number.
- **There are only a few exceptions to confidentiality. According to law, the following are the few exceptions:**

"I understand that there are two exceptions to the promise of confidentiality. There are no questions on these forms related to these types of matters. However, please be aware that if information is revealed concerning suicide, homicide or child abuse and neglect, it is required by law that this be reported to the proper authorities. In addition, should any information contained in this study be the subject of a court order or lawful subpoena, our group may not be able to avoid compliance with the order or subpoena."

Again, I understand that I may contact the facilitator with questions or comments about the group sessions or the evaluation/follow up.

"I have read and understand the foregoing description of the WestCare Maolek Na Lina'La program. I have had the chance to ask any questions I have about my son/daughter's participation. I agree to permit my son/daughter to participate in the program. I have received a copy of this consent form." (Please sign below.)

Parent/Guardian Name _____ Phone _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name _____ Phone _____

Parent/Guardian Signature _____ Date _____

(2nd parent signature when appropriate or necessary)



WestCare Pacific Islands, Inc (WC PI)



Maolek Na Lina'la (Life Is Good)

Facilitators: Provide one copy of this agreement to each parent so that they have your contact information.

Client Email/Texting Informed Consent Form

1. Risk of using email/texting

The transmission of client information by email and/or texting has a number of risks that clients should consider prior to the use of email and/or texting. These include, but are not limited to, the following risks:

1. Email and texts can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
2. Email and text senders can easily misaddress an email or text and send the information to an undesired recipient.
3. Backup copies of emails and texts may exist even after the sender and/or the recipient has deleted his or her copy.
4. Employers and on-line services have a right to inspect emails sent through their company systems.
5. Emails and texts can be intercepted, altered, forwarded or used without authorization or detection.
6. Email and texts can be used as evidence in court.
7. Emails and texts may not be secure and therefore it is possible that the confidentiality of such communications may be breached by a third party.

2. Conditions for the use of email and texts

The Research Assistant and Evaluation Team cannot guarantee but will use reasonable means to maintain security and confidentiality of email and text information sent and received. The Research Assistant and Evaluation Team are not liable for improper disclosure of confidential information that is not caused by the Research Assistant or Evaluation Team's intentional misconduct. Clients/Parent's/Legal Guardians must acknowledge and consent to the following conditions:

1. Email and texting are not appropriate for urgent or emergency situations. Providers cannot guarantee that any particular email and/or text will be read and responded to within any particular period of time.
2. Email and texts should be concise. The client/parent/legal guardian should call and/or schedule an appointment to discuss complex and/or sensitive situations.
3. All email will usually be printed and filed into the client's medical record. Texts may be printed and filed as well.
4. Provider will not forward client's/parent's/legal guardian's identifiable emails and/or texts without the client's/parent's/legal guardian's written consent, except as authorized by law.
5. Clients/parents/legal guardians should not use email or texts for communication of sensitive medical information.



WestCare Pacific Islands, Inc (WC PI)



Maolek Na Lina'la (Life Is Good)

6. Provider is not liable for breaches of confidentiality caused by the client or any third party.
7. It is the client's/parent's/legal guardian's responsibility to follow up and/or schedule an appointment if warranted.

3. Client Acknowledgement and Agreement

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of email and/or texts between my Therapist/Counselor/Case Manager and me, and consent to the conditions and instructions outlined, as well as any other instructions that my Therapist/Counselor/Case Manager may impose to communicate with me by email or text

Client name: *Youth's Full Name*

Client signature: *Youth's Signature*

Date:

Parent/Legal Guardian name: *Parent/Guardian Full Name*

Parent/ Legal Guardian signature: *Parent/Guardian Signature*

Date:

Provider name: *Please Leave Blank*

Provider signature: *Please Leave Blank*

Date:



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Individual Name: _____ **DOB:** _____
 (Youth) Last Name First Name

Location of Services (program/site of service): _____

Name of Media(s) (person/agency/social media platform) **and Purpose of Release:**

| | |
|----------------------------|--|
| <i>Photos/Still Images</i> | <i>To be used on official WPI social media platforms and other program promotion purposes only</i> |
| NAME OF MEDIA | PURPOSE OF RELEASE |
| <i>Video</i> | <i>To be used on official WPI social media platforms and other program promotion purposes only</i> |
| NAME OF MEDIA | PURPOSE OF RELEASE |
| NAME OF MEDIA | PURPOSE OF RELEASE |
| NAME OF MEDIA | PURPOSE OF RELEASE |
| NAME OF MEDIA | PURPOSE OF RELEASE |

Definition of Media Release:

This release allows WestCare to use the information provided only for the purpose expressed above. This consent is voluntary and can be revoked at any time, with the exception of information which may have already been used. It is important to understand that with this release there are benefits and risks some of which, not limited to, are outlined below.

Potential Benefits:

1. Helps to publicize WestCare's good works.
2. Can educate new staff, interns, students, potential donors, etc.
3. Can be an excellent way to promote the benefits of treatment.

Potential Risks:

1. Any time a person served's photograph(s), name, video, and/or voice are used in publicity material there is the real danger of breaching confidentiality.
2. With disclosures to the media or other promotional outlets is that by definition they involve re-disclosure.
3. WestCare cannot guarantee that this information will not be discovered and distributed to additional media outlets therefore being re-disclosed.

By signing this form, I understand and agree to the following:

1. I acknowledge that I have been counseled on the risks of disclosing information to the media and that I fully understand these risks.
2. I understand that my consent is voluntary and can be revoked at any time, with the exception of information which may have already been used/shared.
3. I release WestCare from any and all liability, which may be the result of publicity, which identifies me as a person served by WestCare, or participant in any WestCare program in which I voluntarily participated in.

Youth's Signature

Signature of Person Served (or Authorized Signer) **Date**
Parent/Guardian's Signature

If Authorized Signer, relationship to Person Served: **Date**
Youth and/or Parent/Guardian's Signature

Witness **Date**
 I have been offered a copy of this consent form (person served or authorized signers initials) _____