



**EARLY CHILDHOOD COURT  
WAIVER OF CONFIDENTIALITY AND  
CONSENT TO EXCHANGE OF INFORMATION**

**I HEREBY ACKNOWLEDGE** that the purpose of Early Childhood Court is to provide assistance to my family and me and to assist in the reunification of my family in a safe, loving 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 the treatment and service providers, including the Department of Children and Families (DCF), NWFHealth Network, Camelot Community Care, Disc Village, 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 which may otherwise be deemed confidential; and,

In order for me and my family to participate in this unique problem-solving court and receive its 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 VOLUNTARY 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 this dependency case or in any subsequent review **by the ECC team**. Therefore, **I freely, voluntarily and knowingly** waive any objections to these communications outside of my presence or the 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, and **I consent** to exchange of information and communications about my case, my treatment and services between those persons who are directly involved with Early Childhood Court.

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**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 apply only so long as I am a prospective or current participant in Early Childhood Court.**

**CERTIFICATE**

I HEREBY CERTIFY that I have read the above Waiver and Consent and agree to all of its terms and conditions freely and voluntarily.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Name (*print*)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (*print*)

\_\_\_\_\_  
Witness Title

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