



# ROBESON COUNTY DEPARTMENT OF PUBLIC HEALTH



460 Country Club Road  
Lumberton, North Carolina 28360  
Phone: (910) 671-3200 Fax: (910) 608-2120  
Outstanding County Programs (1993 thru 1997) - NC Assn. of County Commissioners  
*EveryWhere. EveryDay. EveryBody*  
Child Health Recognition Award (1994, 1998) - Glaxo Wellcome

## Client Consent for the Nurse-Family Partnership Program

### What is Nurse-Family Partnership?

The program provides education and support for new families. The goals are to help you have a healthy baby, learn how to promote your baby's health and development, and to help you achieve your own goals.

### What is involved?

A nurse will visit you every 1 - 2 weeks. Visits will begin during pregnancy and continue until your child is 2. Visits will be at times that work best for you and the nurse, and will last 1 to 1½ hours. You will be asked to tell us about your health, goals as a parent, your child's health and behavior, and your family.

### What about privacy?

Information you share with the nurse is confidential. With your permission, we may share information about you and your child to help you get other services you need. To help us learn how the program helps families, information will be shared with the Nurse-Family Partnership National Service Office, which is monitoring how the program is implemented in different communities. Information may also be shared with researchers but it will not have your name or other information such as your address or phone number to protect your identity. We will comply with state laws that require us to report if we suspect a child is being abused or neglected.

### What are my rights?

Being in the program is voluntary, and you may leave the program at any time.

### Who do I call if I have questions or concerns?

If you have any questions or concerns about the program, please call (Robeson County Health Department at (910) 671-3200, Rhonda Fields at (910)671-3268 or Marquilla Avila at (910) 671-3448.)

### Signatures:

Your signature means that you have decided to be in the Nurse-Family Partnership Program. You will get a copy of this consent form.

\_\_\_\_\_ My initials show I had a chance to ask questions about being in the program, and that my questions were answered.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Parent/Legal Guardian Printed Name

\_\_\_\_\_  
Date

*(Required for participants under 18 years of age)*

\_\_\_\_\_  
Nurse's Signature

\_\_\_\_\_  
Nurse's Printed Name

\_\_\_\_\_  
Date

RbCHD 774 (3/09)

1997 Award for Environmental Excellence—National Assn. Of County and City Health Officials

**WILLIAM J. SMITH, M.P.H.**  
Health Director

*Robeson County Board of Health*



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Chairman  
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**Henrietta McLean, RN**  
**Duncan Malloy III**