

# Data Privacy Notice and Consent

## Why are we giving you this form to sign?

As part of your participation in prenatal care at [site name], we collect information from you about you and your health care status. Federal and state laws provide you certain privacy protections for that information. [site name] and the Minneapolis Department of Health and Family Support are required to give you notice regarding the privacy of your data and to keep some evidence that the notice was given. Also, [site name] is requesting your consent before your data can be shared with the Minneapolis Department of Health and Family Support.

## Here is the information we want you to have:

We want to do everything we can to help you have a healthy pregnancy and deliver a healthy baby. The Minneapolis Department of Health and Family Support is working with us to try to reduce infant deaths and improve infant health as part of a project called Twin Cities Healthy Start. We are asking all pregnant women questions about situations which might increase the risk that their baby could be born sick, too early, or too small.

We ask about transportation, whether you have a safe place to live and enough to eat; how you're feeling emotionally and whether you get enough support from other people; your use of cigarettes, alcohol, and other drugs; legal problems, and child protection services. We can provide you with services or refer you to other agencies to get help with any problems you may have.

The information you provide is private health information, protected by federal and state laws. You are not required to answer the questions asked, but we cannot help you get all the health and social services to which you or your baby are entitled under the Twin Cities Healthy Start program if you do not provide us with information. The information you provide will be shared with other staff at our agency, such as your doctor, nurse, social worker, or case manager in order to make sure you get the care you need. Twin Cities Healthy Start staff at the Minneapolis Department of Health and Family Support will also review and analyze this information, along with information about the services women receive, and their babies' birth certificates to see whether helping women with their social needs can improve the health of their babies. The staff at the Minneapolis Department of Health and Family Support are required by law to keep all health data private.

## We request that you sign below to acknowledge that we gave you this information:

If you wish to sign this form, that is the best way for us to document that we gave you this notice. If you don't wish to sign the form, we will have someone else attest that we gave you this information.

**I have read (or had read to me) the above disclosure and understand the uses for the private information I am providing. I have also received a copy of this disclosure.**

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Signature

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Date

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Staff reading the disclosure (if necessary)

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Date

**We request that you sign below to give us your authorization to share your data with the Minneapolis Department of Health and Family Support**

Our agreement with the Minneapolis Department of Health and Family Support requires that we share your data with them. If you wish to participate in this Twin Cities Healthy Start program, we need you to authorize us to share your data with the Minneapolis Department of Health and Family Support for the period of time covering your pregnancy and two years following the birth of your infant. . You can provide that authorization by signing below. Your consent will be valid for three years unless you choose to withdraw consent before that time.

If you don't sign the authorization, you may still be eligible for health care treatment at [site name] but not as part of the Twin Cities Healthy Start program.

**I have read (or had read to me) the above disclosure and authorize [site name] to share my data with the Minneapolis Department of Health and Family Support. I understand my consent will be valid for 3 years from today's date unless I later withdraw my consent.**

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Signature

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Date