



NEXUS-FACTS FAMILY HEALING RESEARCH PERMISSION FORM

At Nexus-FACTS Family Healing, we are committed to continuously evaluating and improving our services. We regularly review information that is collected from you while receiving services and use that information to get better at what we do. Sometimes, we work with researchers that are not employed at Nexus-FACTS Family Healing to help us better study how we provide services. This can include our affiliate, Nexus Family Healing, a Minnesota nonprofit corporation. In doing this, we may share your demographic information, test results, and progress in our services with the researchers. Importantly, no information that can identify you is shared with the researchers. This type of research is based on sharing information we already collect from you during your involvement in our services and the information that is shared contains no personally identifying information.

As mentioned above, any information that is shared with researchers outside of Nexus-FACTS Family Healing or Nexus Family Healing will not contain anything that could identify you and it will only be seen by research staff. Only grouped data will be shared in any written reports or publications. There will be no data shared or published that could be connected to you personally. The decision to participate in this information sharing, or to stop participation, will not change your current or future relationship with Nexus-FACTS Family Healing in any way. If you agree to participate, you can change your mind at any time without changing your relationship with Nexus-FACTS Family Healing. You can stop your participation by providing a written notice to the Nexus-FACTS Family Healing Executive Director Nicole Mucheck at nmucheck@serccnexus.org.

If you have any questions about the research, your rights, or wish to report a research-related concern, please contact the Director of Quality and Outcomes and the Nexus Family Healing Institutional Review Board Chair, at alarson@nexusfamilyhealing.org or 763-551-8640, ext. 01034. You can have a copy of this form. A copy of this form will also be kept in your files at Nexus-FACTS Family Healing.

AUTHORIZATION

I (We), _____,

A client of Nexus-FACTS Family Healing

The parent(s) or legal guardians(s) of _____, a minor client of Nexus-FACTS Family Healing

hereby consent to participate or allow my (our) minor child to participate, in the types of research described above and I (we) understand that I (we) or my (our) minor child may stop participation in research at any time if I (we) wish to do so without a negative impact on my (our) or my (our) child’s relationship with Nexus-FACTS Family Healing. I (we) have read and understand the information provided to me (us). I (we) acknowledge that a copy of this form was given to me (us).

(Print Name)

(Signature)

(Date)

(Print Name)

(Signature)

(Date)

(Print Name of Witness)

(Signature)

(Date)