Sample Consent for Parental Interview

Purpose of the Interview
(NAME of sponsoring agency) is conducting a Fetal and Infant Mortality Review (FIMR) Program. The purpose of this program is to identify ways we can strengthen the systems of care and resources available to families, to prevent future deaths. We talk to parents and families who have who have recently experienced a loss, with the hope of learning from you how we can prevent other families from experiencing such a loss. Your participation is voluntary. If you agree to participate, a trained interviewer from the *(NAME of sponsoring agency)* will listen to your story and ask you some questions about the death of your baby and about your pregnancy, health, family and use of health care and social services. The interview will take place in your home, by phone, or in a convenient location of your choosing, at a time that is best for you. The interview will take about one hour. Although participation in this program may not benefit you or your family directly, it may help to prevent other families in the future from losing their baby.

Description of Potential Risk
Talking about the death of your baby may be sad or difficult for you. The interviewer is not a professional counselor but if you wish, will give you the names of professional people who can help you deal with the loss of your baby. If, during the interview, you feel you do not want to continue, you may ask the interviewer to stop the interview at any time. You may also choose not to answer any specific question. There is no expected risk of injury for participants in this study.

Description of Potential Benefits
Participation in the interview may be a positive experience for you. You may find that talking about the death of your baby can help ease the pain of your loss. In addition, the information you provide to this program may help prevent the loss of a baby for future families.

Confidentiality of Records
All information that identifies you, your family or your health providers will be removed before the interview questionnaire is reviewed. All Fetal and Infant Mortality Review staff and consultants have signed an oath of confidentiality. Therefore, confidentiality will be protected to the full extent permitted by law. Your information will only be shared with the multidisciplinary community team.

Mandated Reporters
The FIMR interviewer is a mandated reporter, by law. Every effort is made keep all information you share with the program confidential and anonymous. If, however, during the interview, abuse or neglect of your baby, or suspected abuse or neglect of surviving children in the home is revealed, the interviewer must follow state law about reporting it to the appropriate Child Welfare Agency.

Voluntary Participation

Your participation in this program is completely voluntary and you may decline to answer any questions that you do not wish to answer. You are also free to end the interview at any time without any consequences to you or your family.

Questions

If you have questions concerning the interview or the Fetal and Infant Mortality Review Program, you may call *(Name of contact person)*, collect, at the *(NAME of sponsoring Agency) at (contact phone number).*

Consent

I have read this form and understand the purpose and conditions for participation in the Fetal and Infant Mortality Review Program. I agree to participate in an interview. I understand that all information obtained from the interview will be strictly confidential, and that neither my name, my baby's name nor the name of anyone else in my family will appear in any publications or reports or be given to anyone else.

Consent to release name and contact information, (Optional)

I give consent for my name and contact information to be released for the purpose of referrals for additional services:

Date_____ **Signature**_____

I consent to receiving future follow-up visits from the FIMR personnel. I understand that these are voluntary, and I may discontinue theses services at any time.

Date_____ **Signature**_____

Print Name:

_____

Signature:

_____

Date:

_____

Interviewer's Name:

_____

Interviewer's Signature:

_____

Date:

_____