

**LAUREL HELPING HANDS**  
**422 Montgomery Street. Laurel, Maryland 20707**  
**Phone: (240) 294-1304 Fax: (301) 617-2869**  
**Email: LHH@laurel.md.us Website: <http://www.cityoflaurel.org>**

**INFORMED CONSENT FOR PARTICIPATION IN  
PRINCE COUNTY DEPARTMENT of FAMILY SERVICES SURVEY PROCESS**

***Laurel Helping Hands*** receives funding through the Prince George's County Department of Family Services (the Department). The Department is requesting your permission to contact you after you end counseling and ask about your satisfaction with counseling services provided by our agency.

You would be asked:

- 1) How would you rate the quality of services you have received;
  - 2) If services you received helped you to deal more effectively with your problems; and
  - 3) Whether you feel that your goals were met?

With your permission, contact will be made with you 6 months after your family ends counseling. The Department states that only County Department staff that have signed a confidential agreement will have access to this information and that the contact information will be destroyed 12 months after they receive it.

It is your choice whether you want to participate in this survey. If you decide **not** to participate, **you will still receive counseling.**

Please mark below whether you wish or do not wish to participate in this process. **If you wish to participate**, then your signature will authorize Laurel Helping Hands to release your contact information to the Department.

**NO, I do NOT give** permission for Laurel Helping Hands to release my contact information to the County Dept of Family Services. Please sign below.

\_\_\_\_\_ **YES, I** do give permission for Laurel Helping Hands to release my contact information to the County Dept of Family Services. Complete and sign below.

If Yes, I wish to be contacted in the following way (Please mark and fill out ONE of the following):

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_ Mailing Address: \_\_\_\_\_

Youth Name: \_\_\_\_\_  
(First) (Middle) (Last)

Parent/Guardian Name: \_\_\_\_\_  
(First) (Middle) (Last)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness/Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_