

Instructions

Maternal Consent to Participate in Risk Identifier Interview and Consent to Participate in MIHP

M406 (11-01-15)

These instructions are intended to clarify data fields that users have asked about in the past and to provide definitions for other fields to ensure that all users are interpreting them in the same way. If you have any questions about these instructions or think further instructions are needed, please contact Deb Marciniak at marciniakd1@michigan.gov or 517 324-8314.

Explain MIHP to the beneficiary as described at the top of this form. Make sure she understands the services that MIHP can provide.

Consent to Participate in MIHP Risk Identifier Interview

- Explain this section to the beneficiary so she understands why you are asking her to participate in the Risk Identifier interview and what her rights are in this regard.
- Make sure that your agency name is inserted in the second reason “why MDHHS collects health risk information on pregnant women and children.” You may not cross out the name of another agency and write in the name of your agency. You may prepopulate this field.
- Ask the beneficiary to check one of the boxes: I DO or I DO NOT consent to participate in the MIHP Risk Identifier Interview. You may not prepopulate this field, unless you present the beneficiary with two separate forms, one checked “I DO” and one checked “I DON’T.” You may check the box for the beneficiary while the two of you are discussing and completing this document.

If the beneficiary does not consent to participate in the MIHP, thank her for her time and end the discussion. Give her the *MIHP Parent Information Sheet* and *MIHP Maternal and Infant Education Packet* and/or tell her sign up for *text4baby*. Encourage her to contact you if she changes her mind.

Consent to Participate in MIHP

- Explain this section to the beneficiary and make sure she understands that she may choose to participate in MIHP, but if she does not, there are no negative consequences.
- Ask the beneficiary to check one of the boxes: I DO or I DO NOT consent to participate in the MIHP. You may not prepopulate this field, unless you present the beneficiary with two separate forms, one checked “I DO” and one checked “I DON’T.” You may check the box for the beneficiary while the two of you are discussing and completing this document.

- If the beneficiary does not consent to participate in the MIHP, thank her for her time and end the discussion. Give her the *MIHP Parent Information Sheet* and *MIHP Maternal and Infant Education Packet* and/or tell her sign up for *text4baby*. Encourage her to contact you if she changes her mind.

Signatures Section

- Beneficiary Name: Print the name of the pregnant woman.
- Legal Representative Name if Applicable: Print the name of the legal representative if:
 - The pregnant beneficiary is under 12 years of age.
 - The pregnant beneficiary is 12 years of age or older and has a court-appointed guardian to make her personal decisions such as medical care decisions.

If there is no legal representative, you may leave this field blank or write "NA."

- Legal Representative Relationship to Beneficiary: Write "mother," "father," other relative (specify), "foster parent," or "guardian." If there is no legal representative, you may leave this field blank or write "NA."
- Signature of Beneficiary or Legal Representative and Date: Ask the beneficiary or the legal representative (as defined above) to sign here and document date of signature. The signature date cannot be after the date that the *Risk Identifier* is administered. If the beneficiary does not have a legal representative and cannot sign her name, ask her to sign her mark.
- Signature of MIHP RN or SW: The RN or SW signs here, with credentials, and documents the date of signature. The signature date cannot be after the date that the *Risk Identifier* is administered.