



Voluntary Consent to Use of Personal Data for Evaluation Research and Program Coordination



This Program is funded through the City of Oakland, under the Oakland Public Safety and Services Violence Prevention Act (Measure Z) which was approved by the voters of Oakland in 2014. The City's Oakland Unite initiative directs Measure Z funds to programs designed to help at-risk youth and young adults. Measure Z also funds an evaluation to see if programs are making a difference and how they can be improved. Programs collect individual information about participants in a secure database to track service delivery, to make sure services are well-coordinated, and for the evaluation study. The study will run throughout Measure Z implementation and will include approximately 5,000 Oakland Unite participants each year.

Cityspan Technologies, a database firm, collects Oakland Unite participant information and stores it in a secure, password-protected database designed to protect individual client information. The database firm provides individual client information to designated project leads in the City's Oakland Unite division, and to professional evaluation firm(s) that enter into evaluation contracts with the City.

By signing this form, you are agreeing to let Cityspan, designated Oakland Unite staff, and the City's contracted professional evaluation firm(s) access identifying information about you (such as your name, date of birth, age and gender) and your participation in the Oakland Unite program, such as the number of months you participated, the services you received, and whether you successfully completed the program.

You are agreeing to allow the Program to choose to share individual level data with other agencies in the Oakland Unite network for the purposes of referral and coordination of services, as part of a multi-disciplinary team.

You are also authorizing the evaluation firm(s) to collect information from Oakland Unified School District (such as information about your grades, attendance and suspension record), and law enforcement entities such as the Department The California Department of Corrections & Rehabilitation (parole) and/or the Alameda County Probation (such as your arrest and violation history and risk assessment results) in order to help evaluate the effect of the program.

We will take great care to protect the confidentiality of all the information we collect about you. Evaluation firms will password-protect any files that contain your personal information. Any evaluation reports produced will NEVER disclose any personal information. No participant's name, address, or identifying information will be published. For example, the report will say something like "70% of participants complied with the terms of their probation."

There are some risks to you in participating in the evaluation study, such as the loss of confidentiality (disclosure of your personal information), despite safeguards to protect against it. There are no immediate benefits, though results may help to improve programming in the future.



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Questions about the evaluation and use of participant data can be directed to:
Josie Halpern-Finnerty, Program Planner at JHalpern-Finnerty@oaklandnet.com
or (510) 238-2350.

Signing this form is completely voluntary. If you do not sign it, we will not use your information. Your decision does not affect your ability to join this Program or any other programs or activities. You can always change your mind and ask that your information not be shared going forward. However, if your information has already been shared, revoking your consent will not undo prior actions. To change your consent, simply notify the Human Services Department in writing at:

Human Services Department, Attn: Oakland Unite Evaluation
150 Frank H. Ogawa Plaza, Suite 4340, Oakland, CA 94612

Signing this form is completely voluntary.

I have read this form, any questions I have about this form have been answered, and I agree to everything written above.

Print Name of **Participant**

Signature of **Participant**

DATE

For participants younger than 18 years old, if you had to get permission from a parent or guardian to participate in the program, then a parent or guardian MUST ALSO sign below to consent to your participation in data sharing and evaluation.

I have read this form and on behalf of _____ (Name of Participant),
I agree to everything written here.

Print Name of **Parent or Guardian**

Signature of **Parent or Guardian**

DATE