Youth Firesetting Prevention and Intervention Program
Privacy Statement

Several State and Federal laws have recently become effective to protect your rights to privacy and make it easier for you to review information received by the Anoka County Juvenile Firesetters Task Force in conjunction with its Fire Intervention Program. Under one of these new laws, the Minnesota Government Data Practices Act, Chapter 13, you have a right to:

1. Be told why the information we request is needed.
2. Be told how the information will be used.
3. Be told whether you may refuse or are legally required to supply the requested data.
4. Be told of the consequences of supplying or refusing to supply the requested information.
5. Be told the identity of other persons or entities authorized by State or Federal law to receive the data.

These rights are more fully explained below:

1. **Why is the information needed?** The information which is requested about your household and family members is needed for one or more of the following reasons:

   a) To obtain your permission to talk to and obtain information from your below-mentioned child for the purpose of preventing future fire play activities.

   b) To give the opportunity to Fire Department personnel and other professionals including police, fire, psychiatrists, and psychologists to review and use the information so as to determine the need for and/or recommend professional assistance for your child, if necessary.

   c) The information obtained by Fire or Police Department employees will be supplemented if deemed advisable by the child’s teachers or counselors and other professionals, so as to enable all such parties to determine appropriate measures to be taken.

   d) To permit fire and police personnel to discuss with teachers or counselors of your below-named child or other persons in a similar situation, so as to enable said individuals to properly and effectively make determinations relating to prognosis and treatment, if necessary.

2. **How will the information be used?** The information we collect will be used by the employees of the Task Force and Police Departments, as well as the Anoka or Ramsey County Attorney. In addition, the information will be used by members and employees of any psychologist or psychiatrist office chosen by the Task Force, Police, or Legal Department to review the subject matter. We may verify the
information you provide to us with other appropriate agencies. It may be used for other lawful purposes, including law enforcement and litigation. It may also be used in the preparation of summary data to provide treatment, conduct research, compile statistical data, and determine suitability for social services.

3. **May you refuse or are you legally required to supply the requested data?** You are not legally required to supply the requested data.

4. **What are the consequences of your supplying or refusing to supply requested information needed to complete the investigation?** Your cooperation in supplying the requested information will help us to make an informed decision regarding your child’s involvement in fire play and whether we wish to recommend any particular action be taken.

5. **Who is authorized to receive the data?** Task Force and Police authorities, selected psychiatrists or psychologists, and any Court or Court Services agency of the Anoka or Ramsey County District Court may receive the data. You or your representative, the Court, Court Services, Task Force and law enforcement agencies, and other entities as may be provided by law, may have access to the private and confidential data in the file.

I understand that the foregoing one-time privacy act statement will apply to all information matters gathered by the Task Force, Police, and Legal Department. I further understand that a copy of this form which I have signed will be placed in my file as evidence of this notification. I have received a copy of this statement which I can retain. In accordance with M.S. 13.04 I have been informed of and understand my rights as a subject of data.

I also understand that the Anoka County Juvenile Firesetters Task Force does not and cannot guarantee the success of any assessment of the child named herein pursuant to the Fire Intervention Program. By signing this form, I agree for myself, my heirs, and my successors, and assigns that the Task Force and its officers, agents, employees, successors, and assigns are without liability for any damage or injury to property or person that may be caused by said child before, during, or after his/her involvement in, or his/her evaluation or assessment by, the Fire Intervention Program. I further agree, for myself, my heirs, and successors, and assigns, to indemnify, hold harmless, and defend the Task Force, its officers, agents, employees, successors, and assigns from and against any and all such claims of liability.

I hereby give permission to the Anoka County Juvenile Firesetters Task Force to share and ask for information about my child, either from the child personally, or from myself and my spouse, teachers, counselors, psychologists, psychiatrists, or members of the Anoka or Ramsey County Minnesota District Court.

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CHILD’S NAME

Dated: ____________________________

PARENT’S SIGNATURE

RELATIONSHIP TO CHILD ________________

Dated: ____________________________

PARENT’S SIGNATURE

RELATIONSHIP TO CHILD ________________
Youth Firesetting Prevention and Intervention

AUTHORIZATION FOR RELEASE AND RECEIPT OF INFORMATION

Name: ___________________________ Date of Birth: ___________________________

Address: ___________________________

For the purpose(s) of: (check all that apply)

1. Intervention/Treatment Planning
2. Educational Planning
3. Community Liaison/Communication

I hereby authorize the Task Force Program to give the following materials/information:

a. Referral and admission information
b. Comprehensive evaluation reports
c. Individual education/intervention plan
d. Progress notes
e. Fire/Police reports
f. Other (specify)
g. Other (specify)

I hereby authorize the Taskforce Program to furnish the above-indicated information to:

1. School District Contact: ___________________________
   Address: ___________________________
   Telephone: ___________________________

2. Mental Health Agency: ___________________________
   Address: ___________________________
   Telephone: ___________________________

3. County Child Protection Agency: ___________________________
   Address: ___________________________
   Telephone: ___________________________

4. Family Court Contact: ___________________________
   Address: ___________________________
   Telephone: ___________________________

5. Other: ___________________________
   Address: ___________________________
   Telephone: ___________________________

6. Other: ___________________________
   Address: ___________________________
   Telephone: ___________________________
I hereby authorize ___________________________ (Name of Organization) 

To release to the (Local YFPI team name) the following information, if available:

a. Referral and Admission Information
b. Psychiatric Assessment
c. Psychological Testing Results
d. Progress Notes
e. Comprehensive Evaluation Plan/Review
f. Educational Reports and Academic Progress Notes
g. Individual Education Plan
h. Discharge Summary
i. Other (________________________________________)
j. Other (________________________________________)

THIS INFORMATION WILL BE USED FOR THE FOLLOWING PURPOSES:

I HAVE READ CAREFULLY AND UNDERSTAND THE ABOVE STATEMENTS.

I HEREBY RELEASE THE TASKFORCE PROGRAM AND IT’S DULY AUTHORIZED AGENTS FROM ALL LEGAL RESPONSIBILITY OR LIABILITY FOR THE RELEASE OF INFORMATION INDICATED AND AUTHORIZED HEREIN.

INFORMATION RELEASED WITH THIS AUTHORIZATION WILL NOT BE GIVEN, SOLD OR TRANSFERRED, OR IN ANY WAY RELATED TO ANY OTHER PERSON OR AGENCY NOT SPECIFIED ABOVE WITHOUT A WRITTEN FORMAL CONSENT, COURT ORDER, OR AS AUTHORIZED BY LAW.

I ALSO UNDERSTAND THAT I MAY REVOKE THIS CONSENT AT ANY TIME IN THE FUTURE BY SUBMITTING A WRITTEN REQUEST TO THE ORGANIZATION NAMED ABOVE.

I UNDERSTAND THAT THIS CONSENT WILL AUTOMATICALLY EXPIRE 1 (ONE) YEAR AFTER THE DATE ON WHICH I SIGNED BELOW.

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