

Data & Evaluation Participant Consent Form – Minors

City of Oakland Department of Violence Prevention

This program is funded through the City of Oakland’s Department of Violence Prevention (DVP). About 3,000 people each year receive support from programs like this one that are funded by the DVP. This form provides information on how your data might be stored and used in evaluations of programs funded by the DVP. Please read this form and indicate your consent where applicable.

DATA STORAGE

When you enroll in this program, some information about you will be entered into a secure data management system that our staff use to help us provide high-quality services to you.

This may include your full name, date of birth, and basic information like your race, gender, and employment status. This is known as personally-identifiable information, which is any data that could potentially identify a specific individual. Personally-identifiable information is also defined as any data that can be used to distinguish one person from another or to deanonymize previously anonymous data.

The only people who will have access to this information are our agency’s staff members and a select number of staff from the DVP who are trained in data privacy and security practices. All staff within our agency and the DVP are prohibited from sharing your information unless you agree to it for service referral purposes. Additionally, the data management system is password-protected and encrypted so your data are very secure.

There are two unlikely scenarios in which your information would be shared outside the data management system: (1) Data breach: A staff member could accidentally or purposefully download and share your information with unauthorized users, or a third party could hack into system; or (2) Subpoena or Public Records Act request: The DVP could be required by law to release individual client records to an outside agency. In either of these situations, people outside our agency or the DVP may learn that you are enrolled in this program. This risk is very low, and we are not aware of either of these situations happening to date. If the DVP receives a subpoena or Public Records Act request, they will consult with the City Attorney’s Office regarding their obligation to provide the requested data and will only do so if legally required. They will also notify our agency of the request as quickly as possible so that we may notify you.

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EVALUATION

In order to justify continued funding for programs like this one, the DVP funds regular evaluations of its programs by an external evaluation team. For participants who provide their consent, the evaluation team uses information stored in the DVP data management system to determine whether the programs being funded are helping people as they are intended. This information is used to look at what programs overall are doing – not what individual participants are doing. The evaluation team may also invite participants to take part in voluntary activities such as interviews, focus groups, or surveys that help them better understand how the program operates. None of these activities are required for someone to receive services, but they are very helpful in understanding how programs can be improved and in justifying the need for continued funding.

All data collected or received by the evaluation team will remain highly confidential. Data will be stored on password-protected and encrypted computers, and they will only be accessed by a small number of researchers who are trained in data privacy and security practices. Nothing that identifies you will ever be included in evaluation reports or findings. As of July 2022, the DVP's evaluation partners are Urban Institute and Urban Strategies Council.

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PARTICIPANT CONSENT

Below, please indicate whether you consent to (1) having your personally-identifiable information stored in our secure data management system for service delivery purposes, and (2) having your personally-identifiable information shared with external evaluation partners for the purposes of evaluating this program and (3) whether you would be willing for DVP staff to contact you for feedback on services. Your consent is voluntary and you are able to still receive services if you decline.

I have read this form, my questions have been answered, and:

Data management system storage

I agree that my personally-identifiable information can be entered in the secure data management system.

I do not agree that my personally-identifiable information can be entered in the secure data management system.

External evaluation of DVP programs

I agree that my personally-identifiable information can be shared with external evaluation partners for the purposes of evaluating this program.

I do not agree that my personally-identifiable information can be shared with external evaluation partners for the purposes of evaluating this program.

Would you be willing for a DVP staff person to contact you about your feedback on the services you received? This would be in the form of a phone call or an email.

Yes

No

Alternatively, participants may provide feedback directly to the DVP via the DVP website at www.oaklandca.gov/departments/violence-prevention by scrolling down and clicking on the 'DVP Services Feedback Form'.

Printed name of participant

Signature of participant

Date

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PARENT OR GUARDIAN CONSENT

Below, please indicate whether you consent to (1) having your information entered in our secure data management system for service delivery purposes, and (2) having your information shared with external evaluation partners for the purposes of evaluating this program. Your consent is voluntary and you are able to still receive services if you decline.

I have read this form, my questions have been answered, and:

Data management system storage

I agree that my child’s personally-identifiable information can be entered in the secure data management system.

I do not agree that my child’s personally-identifiable information can be entered in the secure data management system.

External evaluation of DVP programs

I agree that my child’s personally-identifiable information can be shared with external evaluation partners for the purposes of evaluating this program.

I do not agree that my child’s personally-identifiable information can be shared with external evaluation partners for the purposes of evaluating this program.

Printed name of participant

Printed name of parent or guardian

Signature of parent or guardian

Date