

**Consent for Participation
In
Access to Recovery – Recovery Support and Treatment Services**

Purpose of the Consent for Participation in Treatment Services

The Ohio Department of Mental Health & Addiction Services (OhioMHAS) recently received a three-year grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to offer expanded recovery support services and treatment services. OhioMHAS will collect information on the effectiveness of these enhancements.

What Does Your Participation in Recovery Support and Treatment Services Involve?

We are asking you to agree to participate in recovery support or treatment services. If you agree to participate you will be given a baseline interview. It will include questions about your alcohol and other drug use, past and current treatment, general health, employment, and other aspects of your lifestyle. Each interview should take no more than one-half to one hour to complete.

If you agree to participate you will also be asked to complete a face-to-face or telephone follow-up interview on the same questions at six months after the baseline interview and when you are discharged from the program. A care coordinator will set up a time and date for the interviews and will also administer the follow-up interviews. The majority of follow-up interviews will be completed at a confidential location or on the telephone. Even if you elect to discontinue receiving these services, you will still be contacted for a follow-up interview, for which you will be compensated in the form of a \$10.00 to \$20.00 store certificate.

How Will We Contact You During Recovery Support or Treatment?

When it is time for your follow-up interview, your care coordinator will arrange for you to be interviewed. If we are unable to contact you the care coordinator will attempt to contact you through the information you have listed on the “Contact Form”. The Contact Form (attached) is part of your agreement to consent to participate in treatment. In contacting any person you listed on the form, the care coordinator will only say that we are attempting to locate you because you are part of an interview being conducted by OhioMHAS. We may periodically send you a reminder notice through the mail at the address you suggest on the Contact Form to remind you to tell you when it is approaching time for an interview.

What Happens to the Information We Collect from You in Recovery Support or Treatment?

Any information that you give to us in the surveys will be treated confidentially. The care coordinators are committed to protecting your privacy. No individual is ever identified in any publication that may come from treatment. The information you give to us in the two follow-up interviews and on the Contact Form are not shared with anyone.

If in the course of treatment or recovery support we learn that you are the perpetrator of child abuse we will report this information to the proper child welfare authorities.

You Have the Right Not to Participate in Treatment

Your participation in treatment and recovery support is strictly voluntary and refusal to participate will not have any effect on your eligibility to receive the services ordinarily available. Should you not agree to be in treatment, then the recovery support services may not be provided to you. We urge you to be in treatment if necessary as your participation may help to discover knowledge that can be used to help others in a similar situation.

I have read, or have been read, the terms of the OhioMHAS Consent for Participation in Treatment or Recovery support listed above. I understand the requirements of the ATR program and agree to participate. I understand that my consent is effective from this date until the end of treatment or recovery support, unless I withdraw this consent at an earlier date.

Client Name (print) _____

Client Signature _____

Date _____

Witness _____

Date _____