

## THE OHIO FIRST EPISODE PROJECT CONSENT FORM

You have been identified as a potential participant in Ohio's First Episode Project (FEP). As a result, you may be eligible for certain behavioral treatment and support services offered through this project. Your participation is voluntary.

**Background Information:** The purpose of this project is to address the unique needs of individuals living with mental health issues living in the community; and to determine through an evaluation process if selected treatment and support interventions impact participant wellness and success within the community.

**Procedures:** While enrolled in the FEP program, we may ask you to participate in the following things:

1. On-going assessments to assist you in determining your treatment and support needs and to develop and monitor your individualized case plan.
2. Ongoing confidential interviews, at the beginning of the program, every six months while you are in the program, and at its completion. Each interview will last approximately 30 minutes and will occur at a mutually agreed upon location and time. You will be asked questions about your satisfaction with the services that have been provided and about various aspects of your life, including your housing, health, mental health, employment, criminal justice involvement, and overall functioning. We will be using the data we collect from you to evaluate if participants' quality of life improves as a result of the program. Your participation in the evaluation component of the program is voluntary. If you choose not to participate in the evaluation, it will not affect your current services, your relationship with your case manager or other treatment providers, or your housing, employment or status at school. If you decide you do not want to participate any longer you can tell your treatment provider.

**Risks and Benefits to participating in OICP services and study:** The only foreseeable risk of participating is the possibility of experiencing some emotional distress when answering some questions. If such feelings arise, you may skip the question, or discuss them with your therapist or case worker. You may benefit from the services provided.

**Who is collecting the information:** The FEP Program is funded by the Ohio Department of Mental Health and is being administered by your treatment provider.

**Confidentiality:** Your records will be kept private as required by law. Everything we talk about will be between us and the project staff. The only exception is if you talk about harming yourself or someone else. By law we are required to report if you are planning to harm yourself or others.

In addition:

√All assessment responses that you provide will only be used to assist you in addressing your short and long term recovery support needs. It will not be shared with anyone without your written, informed consent.

√Service evaluation information will go directly into a computer program (GPRA data collector). Your responses will only be able to be viewed by a data analyst or your treatment provider for treatment planning purposes. When reporting the results of the program, your answers to the questions will be put together with many other people's answers and there will be no way to know whose answers are whose. In any report we might publish, we will not include any information that will make it possible to identify you. Access to the records will be limited to the project staff only.

### Statement of Understanding and Consent

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Pts. 160 and 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.

I have read the above information. I have received answers to questions I have asked.

I agree to participate in the FEP Program.

I consent to participation in FEP Program confidential surveys and program evaluation and I am at least 18 years of age.

I agree to share information regarding my treatment and services I receive as a result of this grant.

I have been provided a copy of this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

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