

# State Opioid and Stimulant Response Grant (SOS) of Ohio

## Minor Consent to Share Contact Information

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### Introduction

The SOS grant helps pay for the care and services you get. It is given by SAMHSA (Substance Abuse and Mental Health Services Administration) and managed by OhioMHAS (the Ohio Department of Mental Health and Addiction Services). The Ohio State University works with OhioMHAS to study the SOS programs. This helps make sure that funds are used well and that the services are appropriate. As part of this work, you may be asked to join three interviews:

- One when you start your care.
- One after about six months.
- One when your care ends.

It is up to you if you want to join these interviews. If you choose not to join, you will still receive all your services.

### Consent

We are asking for your help so we can learn how your care is going. If you agree to join the SOS interviews, we will ask for your contact details so we can call you for each interview. Your choice is totally yours. Choosing to join or not will not change your care, payments, or any other services you get.

If you complete the six-month interview, you will receive a \$30 gift card. The SOS team at The Ohio State University will send you the gift card by mail or email.

### Privacy

All of your information will be kept safe and private. Only a few people will see your details. These include the staff at your care center, OhioMHAS, and The Ohio State University. They work to keep your information secure. Your personal and interview information are kept safe in accordance with rules governing the confidentiality of patient records. [42 CFR Part 2] issued pursuant to the alcohol and drug abuse confidentiality law [42 USC§ 290dd-2], the privacy and security regulations [45 CRF Parts 160 and 164] issued pursuant to the Health Insurance Portability and Accountability Act [42 USC §§ 1320-1320d-8].

If you have any questions, please contact The Ohio State University at [SOSEval@osumc.edu](mailto:SOSEval@osumc.edu).

**Consent Received:**      ☐ Verbal      ☐ Signed      ☐ Documented Signed

**Client Name:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

**Documented/Witnessed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_