

State Opioid and Stimulant Response Grant (SOS) of Ohio Parental Consent to Share Contact Information

Introduction:

The State Opioid and Stimulant Response (SOS) grant supports the program and services you are receiving. SOS is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and managed by the Ohio Department of Mental Health and Addiction Services (OhioMHAS).

The Ohio State University partners with OhioMHAS to evaluate SOS programs. SOS will help SAMHSA and OhioMHAS monitor funding, improve the quality of services, and produce evaluation data to inform future funding. As part of this grant, interviews are conducted three (3) times:

- An initial interview when they begin services
- A six-month follow-up interview
- A discharge interview when services end

Your child's participation is voluntary, and they can choose not to participate in interviews at any time. Your child will still receive services if they choose not to participate.

Consent:

We are asking for your permission to allow your child to participate in these interviews to help us understand their services and progress. If they agree to participate in SOS interviews, you will be asked for your child's contact information, so the agency or SOS evaluation staff can contact your child for each interview. Your child's participation is voluntary. As the parent or legal guardian, your signature below indicates your consent for your child to participate. I understand that signing this form or refusing to sign will not affect my child's treatment, payment, enrollment, or eligibility for medical and behavioral assistance relating to any OhioMHAS program or related state programs of which they are eligible.

When your child completes the six-month follow-up interview, your child will receive a \$30 gift card. The SOS evaluation team at The Ohio State University will use their contact information to send your child a gift card in a plain envelope or e-gift card by e-mail.

Privacy:

The information your child provides is confidential and will be carefully protected. The people who can access your child's individual information are staff from the agency where you are receiving services, OhioMHAS, and The Ohio State University. Your child's personal and interview information are protected in accordance with regulations governing the confidentiality of substance use 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.

Consent Received: ☐ Verbal ☐ Signed ☐ Documented Signed

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Documented/Witnessed by: _____

Date:
