

State Opioid and Stimulant Response Grant (SOS) of Ohio

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 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 you begin services
- A six-month follow-up interview
- A discharge interview when services end

Your participation is voluntary, and you can choose not to participate in interviews at any time. You will still receive services if you choose not to participate.

Consent:

We are asking for your participation to help us understand your services and progress. If you agree to participate in SOS interviews, you will be asked for your contact information, so agency or SOS evaluation staff can contact you for each interview. My participation is voluntary, and I sign this form of my own free will, without pressure or condition. I understand that signing this form, or refusing to sign, will not affect my treatment, payment, enrollment, or eligibility for medical and behavioral assistance relating to any OhioMHAS program or related state programs of which I am eligible.

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

Privacy:

The information you provide is confidential and will be carefully protected. The people who can access your individual information are staff from the agency where you are receiving services, OhioMHAS, and The Ohio State University. Your 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

Client Name: _____

Client Signature: _____

Documented/Witnessed by: _____

Date: _____