**SAMPLE INFORMED CONSENT FORM FOR TREATMENT AND**

**CONSENT TO PARTICIPATE IN PROJECT**

**INTRODUCTION**

You are being offered substance use treatment and/or recovery support services as part of the State Opioid Response (SOR) grant, administered by the North Carolina Department of Health and Human Services. The SOR grant is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). As part of receiving this funding, we are required to submit data on participants’ characteristics and outcomes. You are being asked to participate in the evaluation of the treatment and/or recovery services you receive through this program to understand how well it works. The results will be used to show the effectiveness of the program.You will still receive treatment and/or recovery support services if you decide to not participate in the evaluation.

**PURPOSE OF THE EVALUATION**

The intent of this evaluation is to assess the impact of funding for opioid use disorder and/or stimulant use disorder treatment agencies on patient outcomes. Although it is known that substance use treatment aids individuals in the recovery process, your responses will help determine if enhancements made through the funding improve patient outcomes. We believe this evaluation will provide such data.

**PROCEDURES**

If you decide to participate in this study, the researcher(s) will ask you to do the following things: You are being asked to complete an interview at three time-points: one at admission to treatment, one six months later, and one at discharge. Each survey will take about 30 minutes to complete. The surveys will ask you about your demographics, alcohol use and illegal drug use, family and living conditions, employment and income, criminal justice involvement, physical and mental health, and social connectedness.

**POTENTIAL RISKS AND DISCOMFORTS** You may experience discomfort when you are talking about your story. You may choose to withdraw from the surveys at any time. The risks of participation are minimal because we have taken steps to protect your privacy. All contact information will be stored separately from the interviews. Your responses will be entered into a secure SAMHSA website for program evaluation purposes, where they will only be reported in aggregate. Aggregate results may also be used by the State, grant, or treatment agency to adjust services funded. The interviewers and the University of Nevada, Reno will treat your identity and the information collected about you with professional standards of confidentiality and protect it to the extent allowed by law.

**POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY**  
This project will help the SAMSHA to monitor funding, improve quality of services, and produce evaluation data to inform future funding.

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**PAYMENT FOR PARTICIPATION**

There is no payment to the client for participation.

**CONFIDENTIALITY**

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Federal and state laws require that staff at each partner agency protect the privacy of your records. When reports on the evaluation are written, your information will be combined with information from other people. Evaluation reports won’t use any names or other information that would identify you personally. There are exceptions to confidentiality. If you tell us that you want to hurt yourself or someone else, or report that someone wants to hurt you, we have to report that so you can get help.Data and consents will be stored for three years after completion of data collection and confidentially shredded or fully deleted.

**PARTICIPATION AND WITHDRAWAL**

You can choose whether to be in this study or not. If you decide not to participate in this study, there will be no penalty or loss of benefits you are otherwise entitled to receive. If you volunteer to be in this study, you may withdraw at any time without penalty or loss of benefits you are otherwise entitled to receive. You may also refuse to answer any questions you do not want to answer and remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

**IDENTIFICATION OF INVESTIGATORS AND CONTACTS FOR QUESTIONS**

If you have any questions or concerns about the study, please feel free to contact the Data Coordinator at sor.gpras@dhhs.nc.gov.

**RIGHTS OF RESEARCH PARTICIPANTS**

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights, or remedies because of your participation in this research study. If you have questions regarding your rights as a research participant, or if you are injured while participating in the study, please contact the Office.

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| **SIGNATURE OF RESEARCH PARTICIPANT** |

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study.

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Printed Name of Participant Signature of Participant Date

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Printed Name of Legal Guardian Signature of Legal Guardian Date

