
Michigan-Promoting Healthy Lifestyles - Limited Release of Information

Michigan Department of Health & Human Services
Wayne State University, School of Social Work

You are invited to participate in the evaluation of the Michigan Department of Health and Human Services, Michigan Promoting Healthy Lifestyles Grant (MI-PHL), funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to enhance clinics SUD Screening, Brief Intervention, and Referral to Treatment (SBIRT) services.

As a recipient of SBIRT services, you will complete a survey when you end services. The Wayne State Evaluation Team (WSU) will reach out to you to complete the follow-up survey between five and eight months after starting services.

How does it work?

WSU will call you between five and eight months after starting services to complete the follow-up survey. The survey will be conducted over the phone and will take about 30 minutes. The survey will ask questions about your background, substance use, general well-being, and your overall clinic experience. For the follow-up survey, you will receive a \$30 gift card in appreciation for your time. The survey will help state and clinic programs understand how to improve services to benefit people seeking treatment services.

Contact Consent

This form requests you provide information so WSU can contact you to complete the follow-up survey. This includes your own contact details and at least one additional person that you keep in contact with and would know how to reach you. All contact details will be stored securely and once the follow-up survey is completed or the six months follow-up window closes all contact information will be deleted.

How are my answers used?

The information you provide during the follow-up survey is confidential. The following Codes of Federal Regulation (CFR) regarding confidentiality laws and regulations prohibit the disclosure of all information: Title 42 Part II, Title 45, and Title 46. <https://www.ecfr.gov/current/title-42>

What are the risks and benefits of participating?

Several steps have been taken to reduce the potential risks:

- Staff have been trained in mental health.
- The information about your identity and answers are kept in separate files that are only linked through the non-identifiable client ID.
- Responses are stored on locked, secure accounts.
- Data will only be reported as groups of people and not personally identifiable.

The information you provide will not be shared except instances where you pose a danger to yourself or others, or there is unreported child abuse. You may feel discomfort from the nature of questions and are free to refuse to answer any such questions. During the follow-up WSU will provide information on available resources and contact information for physically accessible services. All participants may benefit from the knowledge provided as well as help improve services for individuals with substance use disorder.

Project Assurance of Consent

- The process involved in the follow-up survey has been explained to me.
- I have had the opportunity to ask questions.
- I have the right to refuse to answer any questions, take breaks if needed, stop at any time, or change my mind about participating.
- My contact information and that of my collateral contact(s) will be deleted eight months after the date I complete this form.
- I can get a copy of the consent form for my records.
- I understand that if I have questions or concerns about the follow-up interviews, I can contact the SBIRT Project Coordinator, Samantha Singer, at ssinger@wayne.edu.

Do you agree to participate in the survey described above?

- YES, I hereby **agree to participate** in the survey described above.
 NO, I **do NOT agree to participate** in the survey described above.

(Only Complete if Consent is not in-person)

Verbal Consent	
Did the patient verbally consent? <i>(circle one)</i>	Yes No
Client Name	
Staff Name	
Verbal Consent Date <i>(MM/DD/YYYY)</i>	____ / ____ / ____
Verbal Consent Time	____ : ____ AM PM

Signed Consent	
Client Name	
Client Signature	
Date <i>(MM/DD/YYYY)</i>	____ / ____ / ____
Witness Name	
Witness Signature	

Parental Consent for Minor Patient

Project Assurance of Consent

- The process involved in the follow-up survey has been explained to me.
- I have had the opportunity to ask questions.
- I have the right to refuse to answer any questions, take breaks if needed, stop at any time, or change my mind.
- My contact information and that of my collateral contact(s) will be deleted eight months after the date I complete this form.
- I can get a copy of the consent form for my records.
- I understand that if I have questions or concerns about the follow-up interviews, I can contact the SBIRT Project Coordinator, Samantha Singer, at ssinger@wayne.edu.

Do you agree to participate in the survey described above?

- YES, I hereby **agree to participate** in the survey described above.
 NO, I **do NOT agree to participate** in the survey described above.

Parental Consent

Patients under the age of 14 must obtain parental consent. **If the patient is unwilling to obtain parental consent, the patient declines to participate in GPRA surveying and will not complete any portion of surveying.**

I (*print name*) _____ the ___ parent / _____ guardian give consent for (*print name of minor*) _____ to participate in the survey described above.

Parent/Guardian Signature:

Date: _____

The following information can only be provided if the patient agreed to participate. If they did not agree to participate, this section does not need to be completed.

Client Contact Information

First & Last Name	
Phone Number	
Email Address	
Other (e.g., social media accounts)	

Address	
City, State	
Postal Code	

Collateral Contact Information

- This contact's name and phone number will only be used if a client cannot be reached.
- **Nothing about the client, including an association with treatment/recovery services, will be shared with collateral contacts.**

First & Last Name	
Phone Number	

First & Last Name	
Phone Number	