



Screening, Brief Intervention, and Referral to Treatment “SBIRT”

(MDHHS)Michigan Department of Health and Human Services and
(WSU)Wayne State University School of Social Work

(MI-PHL) Michigan-Promoting Healthy Lifestyles
Limited Release of Information

To the Patient:

WSU is working with MDHHS to manage the Government Performance Report Act (GPR) data collection and management to fulfill reporting requirements outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA). The Michigan-Promoting Healthy Lifestyles Grant was awarded to MDHHS to fund SUD Screening, Brief Intervention, and Referral to Treatment (SBIRT) services.

As a recipient of SBIRT services, you are eligible and agreed to participate in the GPR 6-month follow-up survey conducted by WSU. You will receive a \$30 gift card at the end of the GPR 6-month follow-up survey in appreciation for your time.

Please read the following information before signing the **Limited Release of Information**.

<p>WSU must keep information about you private. The only time your personal information should be shared is for SBIRT GPR reporting ONLY and is limited to the time you are receiving SBIRT services at the SBIRT participating clinic and will end when you are discharged from services.</p> <p>Your signature gives the SBIRT participating clinic permission to share your contact information with WSU to contact you to conduct the 6-month follow-up surveying.</p>	
<p>I want this information about me shared:</p>	<ol style="list-style-type: none"> GPR SBIRT patient identification number. SBIRT GPR surveys; Intake, 6-Month Follow-up, and Discharge. My contact information and the information of the contacts I provided to conduct the 6-Month Follow-Up survey.
<p>In the event you cannot be contacted for 6-Month GPR follow-up surveying, provide 2 additional contacts (can include emergency contacts) that may be able to locate you.</p>	<p>Providing additional contact information for up to two friends or family members will increase the likelihood that you can be reached for surveying.</p> <p>Contact First Name: _____ Relationship to Patient: _____ Phone Number: _____</p> <p>Contact First Name: _____ Relationship to Patient: _____ Phone Number: _____</p>



WAYNE STATE
School of Social Work

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<p>I want this information shared with this person or agency:</p>	<p>Wayne State University School of Social Work</p>
<p>I know that once the information is shared by SBIRT Clinic</p> <ol style="list-style-type: none"> 1. Others will know that I have received services from the SBIRT participating clinic. 2. The person/agency receiving my information will share with WSU to use for GPRA SBIRT federal data collection and management ONLY. 3. My GPRA SBIRT information shared will end when I am discharged from treatment. <p>Patient Signature: _____</p> <p>Date: _____</p> <p>Parental Consent for Minor Patients <i>Patients under the age of 14 must obtain parental consent:</i> <i>Parent/Guardian Signature:</i> _____</p> <p><i>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></p>	

<p>Release of information can be revoked at any time. If you would like to revoke ROI, complete the section below:</p>
<p>I no longer consent to the release of information from the SBIRT clinic to WSU to complete GPRA surveying.</p> <p>Patient Signature: _____</p> <p>Date: _____</p>