

FOLLOW-UP SURVEY INFORMED CONSENT

INTRODUCTION

You are invited to participate in Follow-Up Survey process upon being discharged from Substance Use Disorder (SUD) Treatment. The decision to complete the survey and allow your answers to be provided to your referral source (IDHW, IDOC, IDJC, or ISC) is completely voluntary. The Follow-Up Survey is designed to get an idea of how your life is going following discharge from SUD Treatment, and what impact treatment may have had on your behaviors as well as quality of life. The survey is completely confidential, and used for data collection purposes only, regardless of your referral source to treatment, with the exception of mandatory reporting standards (Danger to self, others, or reports of harm to anyone who is vulnerable, etc.).

The Follow-Up Survey will include basic questions related to substance use, housing, employment, income, physical health, mental health, involvement in additional treatment, informal recovery supports, and education. Participants will receive a phone call from the treatment provider that completed the discharge process asking a series of short answer questions, which should not take long to answer. The phone calls will be made at approximately 1 month, 6 months, and 1 year following discharge from treatment. You can stop participating at any time by informing the treatment provider of your desire to no longer participate.

RISKS

Due to the Follow-Up Survey taking place over the phone, there is a risk of anyone in your household or with access to the phone number(s) you provide asking you questions about why you are receiving the phone call. The phone calls will be made in a manner compliant with HIPAA to protect your information related to having participated in SUD Treatment. The person making the phone calls will be instructed to ask for you by name, not stating what agency they are with, or the nature of the call. If asked by whoever answers the phone they will be instructed to state, "I am attempting to follow up with _____, can I please leave my name and number for _____ to call me back?" There is the risk of whoever answered the phone, calling the number back, which will go to the agency that made the phone call. If you are concerned about this, please do not provide any phone numbers that this risk applies to, answer "No" to Okay to Leave a Message, or opt out of the Follow-Up Survey. The phone calls will be made during normal business hours, Monday through Friday.

BEST FORM OF CONTACT

Best time/day to contact you: _____

Phone Number: _____ Ok to leave a message? Yes / No Text? Yes / No

Phone Number: _____ Ok to leave a message? Yes / No Text? Yes / No

Email Address: _____ Ok to mail paper survey to physical address? Yes / No

BENEFITS TO TAKING PART IN THE STUDY

With the increasing difficulty of securing funding for services, the Follow-Up Survey phone calls will provide needed information to present a picture of the lasting benefits of SUD Treatment to funders. This will provide the best opportunity for ongoing funding for future SUD Treatment. Additionally, by participating in the Follow-Up Survey, SUD Treatment will likely be able to be improved based upon the feedback that is provided to make it more effective.

CONTACTS FOR QUESTIONS OR PROBLEMS

If you have questions about the study, any concerns, unexpected problems, or think that something unusual or inappropriate is happening, please contact the Provider Agency's Clinical Director or Provider Relations at (800) 922-3406.

Consent of Subject (or Legally Authorized Representative)

Signature of Subject or Representative

Date

Upon signing, the participant will receive a copy of this form, and the original will be held in the participant's treatment record. If you do not consent to being contacted for the Follow-Up Survey, please clearly write "Decline" and your initials on the Signature line, as well as add the date.