



Screening, Brief Intervention and Referral to Treatment Voluntary Consent Form

You are invited to participate in the Screening, Brief Intervention, and Referral to Treatment (SBIRT) project. This consent form provides a description of the services to be offered to you on a voluntary basis, the benefits for participation, and the minimal risks. After reading this form, if you are willing to participate, you will be asked to sign and date it along with the signature of the staff member witnessing your signature.

About SBIRT

SBIRT is a national initiative aimed at improving the health of Americans. It begins with screening for risky or hazardous use of alcohol, drugs, and medications. Individuals who show a certain level of risk of substance use problems may receive brief intervention, brief treatment or a referral for more extensive treatment services. Information from the SBIRT project will help improve the way services are delivered for people who may be using alcohol or other substances in a way that could have significant health consequences.

By signing this Voluntary Consent Form, you are acknowledging the following statements:

Your Participation is Voluntary

You will be invited to participate in a brief screening in which a trained staff member will ask you some questions about your health, use of alcohol, medications, or other substances. These screening questions help us to learn more about your health and well-being. You may be invited to participate in receiving educational and/or brief intervention covered by your provider or insurance.

If you do wish to participate, but find that you feel uncomfortable about any particular question, you do not have to answer that question. If you refuse to answer a question, no one associated with SBIRT will seek the information you did not provide from other sources.

You can refuse any services that are offered to you at any time without affecting any current or future services you might be offered. You have the right to discontinue participation in any services offered to you at any time. Your information you will remain in the project.

Benefits to You

If you participate in SBIRT you will receive immediate feedback about your screening results. You may be offered SBIRT services such as brief intervention or brief advice about your health and its relationship to use of substances. Many individuals who receive such services feel better about their health and learn about things that they can do to cut down on risky use of alcohol or other substances. In addition, your participation may benefit others by helping us find out whether receiving certain services helps decrease problems related to use of alcohol or other drugs.

Interviews

If you consent to participate in SBIRT, you will be interviewed by the staff member for about 15 to 30 minutes on the first meeting. You may be provided educational, brief intervention, brief therapy, and/or referral to treatment. You may be invited to participate in a very brief follow-up questionnaire after any intervention and/or treatment you receive. Interviews will include questions about alcohol and drug use, health promotion, and social supports. In this way, we can learn whether you benefited from the SBIRT services.

Confidentiality

The protection and privacy of your information must comply with requirements set forth in Federal and State Confidentiality Regulations (42 CFR, Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, 160 & 164). Your records and information are protected and cannot be disclosed without your written consent.

All collected information will remain confidential and kept secure. The data will be used for evaluation of your health and well-being and for evaluating how well the program is working.

A unique identification number will be assigned to you as a participant in SBIRT services. In that way, people hired to evaluate how well the program is working will not be able to identify you.

Any information you provide that is part of summarized data will not include your name or other personal identifiers. If any publications or presentations result from the SBIRT, you will not be identified.

Risks

There are no foreseeable physical, medical, psychological, or legal risks involved in this project.

Release of Information

Because SBIRT may need to coordinate with other agencies to provide you with the services you want, staff will ask you to sign a release of information to allow them to talk with those providers. You may revoke your release of information at any time except to the extent that action has already been taken.

Rights

You have the right to:

- appropriate and considerate care and protection
- recognition and consideration of your cultural and spiritual values
- be told of all available SBIRT covered services and providers
- refuse a recommend service or plan of care
- review records and information about your services
- expect providers to keep all communications and records confidential



Signatures

My signature below indicates that I have read the above information and understand my rights as a voluntary participant, and that I agree to participate in SBIRT services.

SBIRT Service Recipient Signature

Date

SBIRT Staff Witness Signature

Date