

Iowa's Integration Project- Voluntary Consent Form

Introduction: Welcome to Iowa's Integration Project, funded by the Promoting Integration of Primary and Behavioral Health Care Program (PIPBHC) grant. PIPBHC is a five-year Iowa Department of Public Health (IDPH) program funded by a grant from the Substance Abuse and Mental Health Services Administration Center for Mental Health Services (SAMHSA/CMHS).

The goal of Iowa's Integration Project (PIPBHC) is to improve the lives and health of people by promoting integration and collaboration of health care. Between your primary care program and your substance use disorder providers of care. Integrated health services could range from a variety of health screenings – to diagnosis and treatment of physical health/substance use disorder/psychiatric care. The goal is for you to have coordinated and comprehensive care to meet your health care needs.

Information from the Iowa's Integration Project (PIPBHC) will help local, state, and federal providers and funding authorities improve the way services are delivered for individuals with a possible substance use disorder and a chronic health care condition. We may ask you to answer a series of questions or participate in health screenings or exams that are part of your treatment plan with your health providers. You may feel uncomfortable answering some of these questions. If you are uncomfortable with any of the questions or tests, please talk with your healthcare provider about your questions or goals. Your participation in your treatment plan is strictly up to you.

Benefits: When persons with substance use disorders have other health conditions, they may require medical care that is not traditionally available or coordinated with specialty health providers, such as a substance use disorder program. The high quality treatment that is needed requires a team approach that will include both primary care providers and substance use disorder professionals. The team approach may provide you with better health outcomes. In addition, your participation in meeting your health goals may benefit others by helping us better identify if the way we provide your care has better outcomes or decreases problems related to use of alcohol, tobacco or other drugs.

Information you will receive from Iowa's Integration Project (PIPBHC): Everyone participating will be asked to complete screening tools based on your own individual needs. Some may be for alcohol and drugs, some for depression and anxiety, and some may be for your medical conditions. You may feel uncomfortable answering some of these questions. If you are uncomfortable with any of the questions, you do not have to answer them. You will receive verbal communication about your screening scores and a staff member will discuss the program and, if you consent, will discuss with you options available to you.

Data Interviews: If you consent to participate in Iowa's Integration Project (PIPBHC), you will be asked to take part in **three National Outcomes Measures Interviews (NOMs Interviews)** that take 15 to 45 minutes each; one at admission, one at 6 months post-admission and one at discharge from the program. NOMs Interviews are a result of the Government Performance and Results Modernization Act of 2010, which requires all SAMHSA-funded programs to collect and report performance data. NOMs Interviews ask questions about alcohol and drug use, education and employment, family and living conditions, involvement in the criminal justice system, and participation in social support and recovery groups. This data will be used to monitor your involvement and potential benefit received. The data is confidential and will not identify you by name. You will receive a \$30 dollar gift card for completing the NOMs Follow-up Interview.

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Release of Information: As part of your involvement in Iowa's Integration Project (PIPBHC), you are authorizing contact between IDPH, SAMHSA, and the involved site location staff where you are receiving services, to obtain information necessary for PIPBHC project management. This may include, but is not limited to, screening questionnaires, interviews, information related to fiscal reporting, quality improvement, client progress, and data collection. By signing this form, you are authorizing release of information between you, IDPH, SAMHSA and the staff at the location you are seeking services. You may revoke your release of information at any time except to the extent that action has already been taken.

Iowa's Integration Project (PIPBHC) is voluntary: You can refuse to participate in the program or leave at any time. Refusal to participate in the program will not affect any current or future services you receive at the site location. You may refuse to answer certain questions and still participate. If you refuse to answer a question, no one associated with PIPBHC will seek the information you did not provide from some other source. If you participate in PIPBHC and later choose not to participate, information you already have given will remain in the project.

Risks and Confidentiality: IDPH and your provider take privacy of your information seriously. Your providers, IDPH, and SAMHSA must comply with confidentiality and protected health information requirements as set forth in Federal and State Confidentiality Regulations (42 CFR, Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CRF, 160 & 164). Your records are protected and cannot be disclosed without your written consent. Because PIPBHC involves coordination of services you want, providers will ask you to sign a release of information to allow them to talk with other providers. You may revoke your release of information at any time except to the extent that action has already been taken. Generally, a program may not condition your services on whether you sign a release of information, however, in the special circumstances of the voluntary PIPBHC project; you cannot participate if you do not sign the Voluntary Consent Form. There is no foreseeable physical, medical, psychological, or legal risks involved in this project.

A unique identification number will be assigned to you as a PIPBHC participant. Authorized representatives from IDPH may have access to records that identify you by name. Any information you provide that is part of aggregate data given to SAMHSA will not include your name or other identifying data. If any publications or presentations result from Iowa's Integration Project, you will not be identified.

Client 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 resources or referral needed for PIPBHC services and providers
- refuse a recommended service or plan of care
- review records and information about your services
- expect providers, IDPH and SAMHSA to keep all communications and records confidential

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Questions: If you have questions or concerns about the PIPBHC project, contact Jennifer Robertson-Hill at 515-725-1053 or jennifer.robertson-hill@idph.iowa.gov.

I have received, read, and understand the PIPBHC - Voluntary Consent Form and all its contents. I agree to the conditions outlined above and choose to participate in the PIPBHC project.

Client Signature: _____

Date: _____

Provider / Witness Signature: _____

Date: _____