



# California Access to Recovery Effort (CARE)

4/9/09

## CONSENT TO PARTICIPATE IN TELEPHONE MONITORING

I, \_\_\_\_\_ authorize  
(Name of client)

\_\_\_\_\_ to contact me by telephone  
(Name of counselor or other qualified staff)

at the following number(s) \_\_\_\_\_

to provide regular telephone monitoring. I understand the following:

- My participation in telephone monitoring is voluntary, but it is the primary mode of services available in CARE after completing my outpatient treatment or recovery support voucher.
- If I agree to participate, I will be asked to verify my identity if the staff person identified above calls me. There is always the potential risk that other persons with access to my telephone number may find out about my participation in the CARE program.
- The staff person cannot share any information that identifies me, and any information I share is protected under the federal regulations governing confidentiality of Alcohol and Drug Abuse Patient Records, 42, CFR Part 2, and cannot be disclosed without my written consent (except if necessary to protect my rights or welfare or if required by law).
- I may withdraw my consent and discontinue participation any time without prejudice to my future services, except to the extent that action has been taken in reliance on it, and that in any event this consent automatically expires two months after I discontinue all CARE services.

I understand the information provided above. I was given an opportunity to ask questions and all my questions were answered to my satisfaction, and I was given a copy of this form.

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

I have explained the protocol to the participant and answered all of her/his questions. I believe that she/he understands the information described in this document and freely consents to participate.

\_\_\_\_\_  
Name and signature of counselor or other qualified staff

\_\_\_\_\_  
Date