



California Access to Recovery Effort

(CARE)

Form 14

TELEPHONE INTERVIEW CONSENT

I, _____ authorize
(Name of client)

(Name of CARE assessment provider)

to contact me by telephone at the following number(s) _____

to conduct periodic follow up interviews about my progress/experience in the CARE program. I understand the following:

- My participation in telephone interviews is voluntary. If I choose not to participate, it will not affect my relationship with the CARE program or my right to other services to which I am otherwise entitled.
- If I agree to participate, I will be asked to verify my identity as well as other basic interview questions. 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 provider 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 six 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 assessment provider

Date