

Client Consent Form
Western Montana Mental Health Center
Certified Community Behavioral Health Clinic

Evaluators: Michele Guzmán, PhD, Timothy Dittmer, PhD

Phone: 1-800-208-0095 (ask for Dr. Guzmán or Dr. Dittmer)

Purpose and Benefits: Western Montana Mental Health Center (WMMHC) and TriWest Group are working together to evaluate and improve WMMHC's physical and behavioral health care services. The evaluation will look at ways the services help you and others in the community. The evaluation results will also help WMMHC in providing you and others better treatment and services.

Procedures: You will have your weight, height, waist circumference and blood pressure measured. You will also be asked questions such as how well you feel that you can address problems in your life.

WMMHC staff will also talk with you about physical and mental health needs and what you think about the agencies helping you. This information is required by the Substance Abuse and Mental Health Services Administration (SAMHSA), the federal agency that funds the enhancement and implementation of new programs. We will contact you again in about six months from now to ask some of the same questions about how you are feeling and what you think of the services you are receiving.

We may also review -other computer and paper records kept by WMMHC staff. These will tell us the treatment and services you have received and how you are doing with those services.

Risks, Stress, or Discomfort: Like with any healthcare service, clients may experience some discomfort in providing information. You may feel that some questions are very personal. Additionally, sharing information about yourself takes time. We will do our best to reduce the number of times more than one person asks you the same question.

Confidentiality: For adult clients, the information that we gather must be entered into records that are kept by SAMHSA. Your name will **not** be linked to your information. Rather, an identification code will be associated with your information. This will let people on the evaluation team see private information without seeing your name; only the identification code will be visible to them.

As with all health information,- all WMMHC staff who collect information from you as part of this evaluation will keep your information confidential. We follow all federal and state privacy and confidentiality requirements.

All information from your clinical record, from any extra sources, and from the medical screens will be kept in a safe place. Only the people working with you and the evaluators will review your personal information. Any internal information that could identify you, such as the identification code, will be destroyed within five years after the evaluation ends.

Voluntary: You can choose whether or not you are included in the evaluation. If you choose not to be in the evaluation, you will still receive the same level of care and services. If you do decide to be included in the evaluation, you can choose not to answer any specific question. Also, if you begin the evaluation, you can stop participating in the evaluation at any time without any effect on services.

Questions: If you have questions about this program evaluation, you may ask them now or contact the evaluators later. The evaluators' phone information is listed on the top of this form (the call is free). You can also call the evaluators if you have questions about your rights as a participant in this evaluation. If you need help contacting the evaluators or placing calls, WMMHC staff will help you.

Participant's Statement:

“I have read this form, and I understand it. I was able to ask questions, and my questions were answered. The evaluation has been explained to me, and I want to be in it. I know that I can refuse to answer any question or stop being in the evaluation at any time without negative consequences. I know that I can ask questions about the program evaluation at any time.”

Participant Signature

Date

Witness

Date