

Gambling Addiction Treatment Evaluation (GATE) Project in Tennessee

Institute for Substance Abuse Research Evaluation (I-SARE)
The University of Memphis
(July 2008 version)

Consent Form

Check One

_____ I have read the Informed Consent. All my questions have been answered, and I freely and voluntarily **agree to participate**. I understand that I may withdraw my participation at any time.

_____ The information contained in the Informed Consent has been explained to me verbally. All my questions have been answered, and I freely and voluntarily **agree to participate**. I understand that I may withdraw my participation at any time.

_____ I have read the Informed Consent or the information contained in it has been explained to me verbally. All my questions have been answered, and I choose **not to participate**.

Print Name of Client

Signature of Client

Date

Signature of a Witness

Date

Signature of Parent/Guardian of Minor Client

Date

You are free to withdraw your consent and to discontinue your participation in the program at anytime.

The following is to be completed by the intake staff. Please record all information accurately.

Agency Name: _____

Client Case#: _____

Agency Code: _____

S.S. #: _____

Recommended Admission Date: _____

Actual Admission Date: _____

Age Category

Gender

Ethnicity

Adult _____

Male _____

White _____ Black _____

Adolescent _____

Female _____

Hispanic _____ Amer.Indian _____

Other _____

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I. Introduction

This research study is being conducted by the Institute for Substance Abuse Treatment Evaluation (I-SARE) of the Department of Anthropology at The University of Memphis. The research is sponsored by the Division of Alcohol and Drug Abuse Services, the Tennessee Department of Mental Health and Developmental Disabilities. Follow-up interviews will be conducted via telephone by representatives of I-SARE.

II. Purpose of the Evaluation Research

The primary goal of this research is to evaluate the effectiveness of publicly funded gambling addiction treatment programs in Tennessee. Your cooperation in this project is very valuable in helping you as well as others with problems like yours in the future.

III. Confidentiality Clause

All persons employed by I-SARE respect your right to privacy and are legally bound by the Department of Health and Human Services' federal confidentiality guidelines for persons in addiction treatment programs. Any I-SARE employee violating this law is subject to prosecution under federal law. No individual information you share with I-SARE interviewers will be given to anyone outside this project within the limits allowed by law. All results from this research will be presented at the group level and your individual identity will remain anonymous. The information obtained will remain in the possession of I-SARE and the Tennessee Department of Mental Health and Developmental Disabilities and will be only used for research purposes (including writing reports, papers, presentations, articles, or informative pieces, pamphlets, and web pages for the federal and state governments, facilities, academic audiences, and the general public).

IV. Method of Participation

If you consent to participate in this project, someone from the I-SARE staff will contact you by telephone 6 months after your admission to the treatment facility. Your participation in the study will require approximately 10 to 15 minutes in a telephone interview. The responses during the interview will be recorded. There is no risk for participating in the interview. Your participation is voluntary, and if at any time you feel a need to withdraw, you are free to do so without loss of future services. There is no payment for your time. The University of Memphis does not have funds budgeted for compensation for injury, damages, or other expenses.

V. Other Information

It is important that we be able to contact you for an interview 6 months after your admission. We need your home phone number and address for this purpose. Also, part of our follow-up includes a telephone interview with someone close to you who knows about your problem and treatment and who can answer a few questions about whether the program was successful. The person can be your spouse, parent, child, friend, boss, or coworker. We ask that you provide the name and phone number of such a person. If you move or your phone number changes, please contact the I-SARE interview lab. Any questions about the research can be directed to the supervisor in the I-SARE interview lab at The University of Memphis at 1-800-866-0087. An explanation of your rights can be obtained from the Chair of the Committee for the Protection of Human Research Participants at (901) 678- 2533.

Thank you for your time and participation in this project.

Please return this form within one week to the I-SARE office at 316 Manning Hall, The University of Memphis, Memphis, TN 38152-3390.

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Collateral Contact Letter

Dear _____

Through this letter I would like to inform you that I am being treated for a gambling addiction problem at _____ during _____, 200__ (year). At the time of my admission to this treatment facility, I agreed to participate in a follow-up evaluation study conducted by the Institute for Substance Abuse Treatment Evaluation (I-SARE) at The University of Memphis. I have given your name as someone who might be familiar with my current condition.

Interviewers from I-SARE will be calling you to ask a few questions about the effectiveness of my treatment and about my current condition and well-being. This follow-up study is sponsored by the Division of Alcohol and Drug Abuse Services, the Tennessee Department of Mental Health and Developmental Disabilities. It will help the State of Tennessee determine how well the publicly funded gambling addiction treatment programs are working and how to further improve these services.

The proposed telephone interview will take approximately 5 to 10 minutes of your time. Your cooperation with the interviewer will be of immense help in this follow-up assessment. Please be honest in your responses and feel assured that all information you share will remain confidential. On the back of this letter is an Informed Consent Declaration and Issues of Confidentiality Statement. You may contact me if you have any questions about this request. If you would like to learn more about the follow-up study by The University of Memphis, please call I-SARE interview lab at 1-800-866-0087. Thank you for your cooperation and time.

Sincerely,

Client Signature

Print Name of Client

