

Consent Form Instructions for I-SATE Studies

For all evaluation projects including TOADS, ADAT-DUI, TN-ATR, and GATE

Treatment facilities participating in any studies performed by the Institute for Substance Abuse Treatment Evaluation (I-SATE) at The University of Memphis are required to utilize all four of the documents of the consent forms:

1. Consent Form
2. Informed Consent
3. Collateral Contact Letter
4. Follow-up Information Sheet

These documents are available for downloading in PDF format and must be completed at the time of a client's admission to your treatment facility and then mailed to I-SATE for participation in our follow-up studies.

Please be sure to use **the most current version of the consent forms**.

Though the instructions for the consent forms are the same for all of our projects, the forms do have differences. It is critical that the appropriate forms are used for each project as presented on the I-SATE website under 'Training' (www.isate.memphis.edu/training.html).

Please review the following instructions to complete the consent form packets included in this document:

- Consent Form & Informed Consent Instructions ➡
- Collateral Contact Letter Instructions ➡
- Follow-Up Information Sheet Instructions ➡
- Top 10 Checklist ➡

Once completed, please double-check to ensure all forms are properly completed and legible, then mail all four pages to I-SATE no later than the first week of the month following a client's admission.

*The **Informed Consent** must be included in the packet sent.*

For appropriate handling, we ask that you label the front of your mail envelope in the lower left corner with the associated study project (TOADS, ADAT-DUI, TN-ATR, or GATE).

Send completed consent packets to the I-SATE office at:

Dr. Satish Kedia, Director
Institute for Substance Abuse Treatment Evaluation (I-SATE)
The University of Memphis
316 Manning Hall
Memphis, TN 38152-3390

If you have questions regarding appropriate completion of consent forms, please address them to Ava Haynes, Assistant to the Director at 901-678-1753 or ahaynes@memphis.edu. You may also contact the interview lab supervisor toll-free at 1-800-866-0087 or via FAX at 901-678-0707.

Consent Form & Informed Consent Instructions

3 Parts/10 Total Steps

Part I. Informed Consent Parts I to V

- Step 1. Have the client read the Informed Consent, or verbally explain it to the client and make sure that the client understands the Informed Consent and all of its contents.

Part II. The top of the form is for the client to complete:

- Step 2. Ensure that the client checks next to only 1 of the 3 participation choices:
- Either he/she has read the attached consent form and agrees to participate;
 - You have read the consent form to him/her, explained it verbally, and he/she agrees to participate in the project; or
 - He/she has elected not to participate in the project.
- Step 3. Obtain the client's printed name and signature in writing, and have the client indicate the date of signature. *The client's signature is required whether or not he/she elects to participate in the project.*
- Step 4. Make certain a witness is present and signs and dates the Consent Form.
- Step 5. Where applicable, if the client is a minor, secure the signature of a parent/guardian or of a designated A & D official for the client to be able to participate in the project.

NOTE: *If any of the required signatures are missing, the client will be disqualified from participating in the project.*

Part III. The bottom of the form is for agency staff to complete:

- Step 6. Where applicable, print name of person completing the form and the date.
- Step 7. Complete the A & D treatment provider Agency Name and Code, then fill in the Client Case number/ID and Social Security number (S.S.#).
- Step 8. Record the client's Recommended and Actual Admission Dates. *If completing the GATE or TN-ATR project consent forms, skip Step 9.*
- Step 9. Indicate whether or not the client Intake Assessment was conducted by the Health Department, and both the client's Recommended Initial and Actual ASAM Level of Treatment at the facility. *(ASAM- The American Society of Addiction Medicine)*
- Step 10. Check the single appropriate client description in each of the demographic categories: Modality (*except for the GATE and TN-ATR projects*), Age (*except for TN-ATR*), Gender, and Ethnicity.

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Collateral Contact Letter Instructions

5 Total Steps

- Step 1. Explain to the client what the purpose is of the Collateral Contact Letter:
“The purpose is to inform a designated person (spouse, parent, child, friend, boss, or coworker) that you (the client) have given permission for The University of Memphis to interview that person about your (the client’s) behavior since treatment.”
- Step 2. Print the name of the client’s designated contact in the space provided for the salutation, “Dear _____.”
- Step 3. In paragraph one/line two, print the name of the treatment facility in the space provided following “at”, then print the duration (including year) of client treatment following “during.”
- Step 4. Obtain the client’s printed name and signature in writing at the end of the letter.
- Step 5. Repeat the procedure with a separate Collateral Contact Letter for each additional designated contact.

NOTE: *Retain the interview lab telephone number in the last paragraph of the letter; do not substitute your agency’s number.*

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Follow-up Information Sheet Instructions

3 Parts/5 Total Steps

Part I. Client information is required for the follow-up interview(s).

Step 1. Print the information requested in the spaces provided at the top of the page: Write the client's name, nickname or aliases if applicable, his/her home address, home or work phone number, and mobile phone number.

NOTE: *The client's address should not be the same as the agency. If the client is homeless, leave his/her address blank.*

Part II. Client's additional contact information is optional.

Step 2. If the client has other contact information (phone number or address) in the next twelve months and he/she has that information to offer, place it in the appropriate slots in the left-hand column.

NOTE: *Please try to acquire as many contact numbers as possible for client and collateral.*

Part III. Client's collateral contact information offered.

Step 3. Assure the client that project interviewers will only contact persons specifically designated by the client as noted collateral on this form

Step 4. In the right-hand column list at least two different collateral contacts obtained from the client, recording their names, home/work or mobile area code and phone number, relationship to the client, age, complete address with street and apartment number (if applicable), city, state, and zip code in the appropriate slots.

Step 5. If the client has additional contact information for the same designated collateral, use the space allowed as needed, ensuring that interviewers will be able to easily read all notations and understand if the same collateral contact is listed twice with different information.

NOTE: *A client contact could include a family member, friend, colleague, or another person designated by the client who is familiar with his /her condition and one with whom he/she is in frequent contact. Those who cannot be considered as contacts include caseworkers, probation officers, attorneys, and minors.*

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Top 10 Checklist: Consent Form Problems

This list includes the 10 most commonly encountered problems identified by project interviewers that are associated with completing consent forms. Please review this checklist to ensure that you have not made one of these common mistakes and in so doing, possibly disqualified your client from participation in our evaluation projects.

1. On the **Consent Form**, check only one option that describes whether the client has agreed to participate in the research project. The first two options give the client's consent to participate; the third option is for nonparticipation. Ensure the one that best applies to your client is marked.
2. The client must sign the **Consent Form** regardless of whether or not he/she agrees to participate in the research.
3. Print the name of the client and secure the client's written signature on the **Consent Form**.
4. Make sure to add your agency's name and code, the client case number and Social Security number on the **Consent Form**.
5. When completing the **Collateral Contact Letter**, prepare a separate letter for each designated contact person.
6. The client must sign each **Collateral Contact Letter** to give permission to contact the individual designated collateral.
7. On the **Follow-Up Information Sheet**, include the client's complete address, including zip code. Please make sure that the client's address is not the same as the agency's address. If the client is homeless, leave the address slots blank.
8. Project interviewers will attempt to reach each of the client's designated collateral contact persons on the **Follow-Up Information Sheet**. Therefore, please provide all work, home, and mobile telephone numbers, including area codes, of each designated contact person.
9. Please ask the client to provide at least two designated collateral contact persons.
10. Only designated contact persons listed on the **Follow-Up Information Sheet** will be contacted by project interviewers.

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