



Request to Revoke Consent

Please complete and sign this form and return to your provider to revoke or cancel a consent provided to receive California Gambling Education and Treatment Services (CalGETS).

Telephone Monitoring and Follow-Up Interview

Telephone monitoring and follow-up interviews are conducted by the CalGETS staff for quality control purposes and to assess the effectiveness of the treatment services provided to the client. If you revoke your consent to participate in telephone monitoring and telephone interviews, your participation in the CalGETS will not be affected.

I wish to revoke my consent to participate in telephone monitoring and follow up interviews.

Signature: _____

Date: _____

Print Name: _____

Confidential Information

De-identified data regarding your treatment is entered into an electronic Data Management System by your provider after each session. It is used by the CalGETS staff to assess the effectiveness of the program by looking at all clients' combined outcome information. It is critical to the continued funding of the CalGETS to be able to determine the effectiveness of services provided. This confidential data is not associated with your name or contact information and cannot be linked back to you.

If you revoke consent to release confidential information, you will no longer be eligible to receive CalGETS. You may still see your provider, but you will have to work out alternate payment options. Any data that was released into the Data Management System before your consent was revoked will remain in the system.

I wish to revoke my consent to release confidential information. I understand that by revoking this consent, I will no longer be eligible to receive state-funded treatment services.

Signature: _____

Date: _____

Print Name: _____