



Telephone Monitoring and Telephone Follow-up Interview

I, _____,
(Name of client)

authorize a representative of the California Gambling Education and Treatment Services (CalGETS) program to contact me via telephone at home: _____ and/or cell: _____ to conduct periodic follow up interviews about my progress/experience in the CalGETS. I understand the following:

- My participation in telephone interviews is voluntary. If I choose not to participate, it will not affect my status in the CalGETS or my right to additional 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. Although representatives of the CalGETS implement confidentiality measures, there is always the potential risk that other persons with access to my telephone number may find out about my participation in the CalGETS.
- The provider shall not share any information that identifies me, and any information I share is protected under the federal Health Insurance Portability and Accountability Act (HIPAA) and shall not 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 at 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 one year after I discontinue all CalGETS 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.

- I consent to participate in telephone monitoring and telephone follow-up interviews.
- I do not consent to participate in telephone monitoring and telephone follow-up interviews.

Signature of Client

Date

Print Name

I have explained the protocol to the participant and answered all questions.

Signature of Provider

Date

Print Name