



# CAREGIVER/FAMILY MEMBER VERBAL CONSENT FOR SUPRT SURVEY PARTICIPATION

**Are you answering for your child as a caregiver or family member? This form was designed for caregivers or family members responding for their child. If that's not you, please ask your provider for the form for Youth (12 to 17) responding for themselves or for adults (18+ years old).**

## **What is this form about?**

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your child's behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your child's provider.

## **How is my information used?**

SAMHSA does not collect your child's name or information that can identify your child. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

## **Do I have to fill in this form?**

No. You do not have to fill in this form. This will not result in any loss of services or benefits. If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

**How long does it take to fill in the form?**

It should take you about 5-10 minutes.

**How do I agree to participate?**

By answering the following survey questions, you are agreeing to participate.

**Questions:** If you have any questions about the SUPRT survey, please contact Aurrera Health Group at [DHCSReporting@aurrerahealth.com](mailto:DHCSReporting@aurrerahealth.com).

SUPRT Client ID:

Client consents to participate in SUPRT:

Yes  No

If client is under 18, has consent been obtained from a parent or legal guardian?

Yes  No

**I have explained SUPRT to this individual and have answered any questions the individual had. I believe the individual understands the survey and has given consent to participate.**

Staff Member Requesting Consent (Printed):

Staff Member Requesting Consent (Signature):

Date:

Public reporting burden for this collection of information is estimated to average 5-10 minutes per response. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-0400.