

SAMPLE INFORMED CONSENT

(English)

This form or questionnaire is asking for your agreement to participate for screening determine if you may have mental health issues which could affect your treatment and recovery. The results may suggest that it would be appropriate for you to receive an evaluation of your mental health.

If you agree to participate, you will be asked 22 questions either by computer or on paper. If you are completing the computer assisted version, I will show you how to use the computer and complete the questionnaire. If you are completing a paper version, you will read and answer the questions on a piece of paper, or I can ask you the questions and record the answers for you. Completing the screening is expected to take about 20 minutes or less.

What You Should Know

1. Participation in this screening is voluntary. You can decide to not to take this screening. You may choose to stop the screening at any point before you finish.
2. Any services or benefits that you are receiving will not be affected if you choose not to participate in the screening.
3. If you participate, information you provide will be kept confidential except if any of your answers suggest that you may intend to hurt yourself or someone else, I must follow my duty to care seek help.
4. Completing this screening tool will not tell you if you have a mental health problem, only suggest whether a follow up mental health evaluation is appropriate.
5. If you complete the screening and your score indicates that you should be referred for a mental health evaluation, we will provide further referral to a specialist or facility for further evaluation.

Agreement to Participate: I have read or have had explained to me, the information above regarding participating in the mental health screening, and voluntarily consent to participate in the mental health screening. I understand that I may withdraw my consent at any time before I complete the screening.

Name _____

Signature _____

Date _____