

## Residential Treatment for Pregnant and Postpartum Women (PPW) - Voluntary Consent Form

**Introduction:** Welcome to the Residential Treatment for Pregnant and Postpartum Women (PPW) grant program. The Residential Treatment for Pregnant and Postpartum Women is a three year (09/30/2015-09/29/2018) grant awarded to the Iowa Department of Public Health Division of Behavioral Health (IDPH) by the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment (SAMHSA). The purpose of this program is to expand the availability of comprehensive, residential substance abuse treatment, prevention and recovery support services for pregnant and postpartum women and their minor children, including services for non-residential family members of both the women and children. PPW provides opportunities for clients through use of a voucher system to purchase PPW covered services from providers with cooperative agreements with IDPH.

*PPW services are based on client needs, agency policy, and current available PPW voucher funding, and are subject to change. Clients may participate in PPW for the length of their treatment in the residential treatment program. Discharge from residential substance abuse treatment will result in discharge from the PPW program.*

**Information from the PPW project** will help local, state, and federal providers and funding authorities improve alcohol and drug treatment and recovery services for you and others in your community.

**Data Interviews:** If you consent to participate in PPW, you will be asked to take part in **three GPRA data interviews** that take 15 to 45 minutes each. GPRA (Government Performance Results Act) interviews ask questions about alcohol and drug use, education and employment, family and living conditions, involvement in the criminal justice system, and participation in social support and recovery groups. You will receive a \$30 dollar gift card for completing the GPRA Follow-up interview. **In the event that during the attempted completion of the GPRA Follow-up Interview it is discovered that you're residing in a restricted setting, by signing this consent you grant your Care Coordination provider the ability to attempt contact with you which may include disclosure to the facility at which you reside of your involvement in PPW.**

**Release of Information:** As part of your involvement in PPW, you are authorizing contact between IDPH and SAMHSA, The Iowa Consortium for Substance Abuse Research and each provider you're receiving services from, to obtain information necessary for PPW project management. This may include, but is not limited to, information related to fiscal reporting, quality improvement, client progress, and data collection. By signing this form you are authorizing release of information between you and IDPH and SAMHSA. You may revoke your release of information at any time except to the extent that action has already been taken. This consent expires automatically 6 months after your final GPRA interview.

**Satisfaction Survey:** You will be asked to complete a PPW Client Satisfaction Survey at the time you complete the GPRA Follow-up interview.

**PPW is voluntary:** You can refuse to participate in PPW or leave at any time. Refusal to participate in PPW will not affect any current or future substance abuse treatment you may receive. You may refuse to answer certain questions and still participate in PPW. If you refuse to answer a question, no one associated with PPW will seek the information you did not provide from some other source. If you participate in PPW and later choose not to participate, information you already have given will remain in the project.

**Risks and Confidentiality:** IDPH and PPW providers take the privacy of your information seriously. PPW providers, IDPH and SAMHSA must comply with confidentiality and protected health information requirements as set forth in Federal and State Confidentiality Regulations (42 CFR, Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, 160 & 164). Your records are protected and cannot be disclosed without your written consent. Because PPW involves coordination of services you want, providers will ask you to sign a release of information to allow them to talk with other providers. You may revoke your release of information at any time except to the extent that action has already been taken. Generally, a program may not condition your services on whether you sign a release of information, however, in the special circumstances of the voluntary PPW project; you cannot participate if you do not sign the Voluntary Consent Form.

A unique identification number will be assigned to you as a PPW participant. Authorized representatives from IDPH may have access to records that identify you by name. Any information you provide that is part of aggregate data given to SAMHSA will not include your name or other identifying data. If any publications or presentations result from the PPW project, you will not be identified.

As part of your involvement in PPW you will receive care coordination services from a Case Manager. To assist you with your involvement in PPW and utilization of services in your recovery, Case Managers establish policies and determine the appropriate use of funding (i.e. amounts, frequency, services or vendors), up to the available limits, as it pertains to your goals in recovery. Services you receive will be from a community provider as arranged by your Case Manager and shall not represent a conflict of interest.

**Client Rights:** You have the right to:

- appropriate and considerate care and protection
- recognition and consideration of your cultural and spiritual values
- be told of all available PPW covered services and providers
- choose the services and providers you want from the list of available PPW covered services and providers
- refuse a recommended service or plan of care
- review records and information about your services
- expect providers, IDPH, and SAMHSA to keep all communications and records confidential

**Recovery Support Services:** Recovery support services help people enter into and navigate systems of care, remove barriers to recovery, stay engaged in the recovery process, and live full lives in communities of their choice through providing support and services. Participants who do not provide accurate documentation or receipts and/or who purchase unauthorized goods or services will not receive additional services for which the receipt was not provided and may be determined ineligible for participation in PPW.

**Questions:** If you have questions or concerns about the PPW program, contact Jennifer Robertson at [jennifer.robertson@idph.iowa.gov](mailto:jennifer.robertson@idph.iowa.gov) or 515-725-1053

**I have received, read, and understand the Residential Treatment for Pregnant and Postpartum Women- Voluntary Consent Form and all its contents. I agree to the conditions outlined above and choose to participate in the PPW program.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider / Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_