

Informed Consent

Housing Needs Evaluation

I. NATURE AND DESCRIPTION OF STUDY

The Economic Roundtable and the Corporation for Supportive Housing are carrying out a pilot project to identify homeless individuals with acute needs and help them obtain permanent affordable housing with supportive services. You are being invited to participate because you have been identified as a homeless single adult. This pilot project is being paid for by the Hilton Foundation.

We request your permission to access your medical *[jail if the information is being obtained from an individual who is incarcerated]* records and your participation in completing an interview questionnaire to obtain information about your background, your health conditions and your incarceration history. The purpose for requesting this information is to determine your level of need for permanent supportive housing. The information we need to assess your level of need includes:

- ❑ Background information about you: sex, age, place of birth, disabilities, and employment history.
- ❑ Medical information: use of hospital emergency rooms and inpatient facilities, and diagnosed medical conditions
- ❑ Incarceration history: amount of time spent in jail or prison, whether any of this time was spent in a medical or mental health incarceration facility, and diagnosed medical conditions.

In order to access your hospital *[or jail]* information, we will ask you to sign a form stating that you grant us permission to access your information.

Your participation in this housing needs evaluation is completely voluntary. You are free to choose not to participate in this pilot project. If you choose not to participate, it will have no effect on housing and services you are currently receiving or may use or receive in the future. If you choose to participate, you can withdraw your permission for us to use your personal information at any time by calling (213-892-8104 x 204) or writing to the principal investigator, Daniel Flaming, Ph.D., Economic Roundtable, 315 West Ninth Street, Suite 1209, Los Angeles, CA 90015.

If you cancel this authorization, information about you that has already been collected will no longer be used. No new information will be collected about you or services you receive after you cancel your authorization and information that has been collected about you will be deleted.

II. PURPOSE OF THE STUDY AND BENEFITS OF PARTICIPATING

The purpose of this pilot project is to identify individuals with very high levels of need and very high public costs if they remain homeless, and to help them obtain permanent supportive housing. By participating in this evaluation, you may qualify for special assistance in obtaining permanent supportive housing, but there is no guarantee you will receive permanent housing. If you do not qualify for special assistance, you will be given information about

housing, social service and public assistance resources that are available and how you can apply for them.

III. RISKS, PRIVACY AND CONFIDENTIALITY

The Economic Roundtable promises to keep all information collected about you strictly private and to use this information only for assessing your level of need and for improving this evaluation and housing referral program. Your name will never appear in any public document. All confidential information will be stored under lock and key accessible only by the research team. Confidential information stored in electronic format (such as computer hard drives, magnetic tapes, or peripheral storage devices) will be protected by a password and only accessible by the research team. **None of the information you provide you will be shared with medical [or jail] staff. Your name will not be used in any reports or publications that result from this project.**

Other researchers authorized by this consent: Gerald Sumner, Ph.D., Patrick Burns, M.A., and Michael Matsunaga, M.A. (Economic Roundtable, 315 West Ninth Street, Suite 1209, Los Angeles, CA 90015).

IV. MORE INFORMATION

If you would like more information about this evaluation, you can call Daniel Flaming at the Economic Roundtable 213-892-8104 ext. 204.

Do you have any questions at this time?

Yes, I agree to participate in this evaluation. _____ (Initial)

If you agree, you will be given a copy of this Consent form to keep so that you can be sure about what you have agreed to. **My rights as an evaluation participant have been explained to me and my questions have been answered. My signature or initials below indicate that I understand my rights. I have been given a copy of this form to keep.**

Signature: _____

Date: _____

Printed Name: _____

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Whose Records are to be disclosed:

Name:	Date of Birth: (mm/dd/yyyy)
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PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING

I voluntarily authorize and request disclosure:

OF WHAT:

All my medical records and other information related to my medical and/or mental health care and/or drug/alcohol treatment, including but not limited to such things as assessments/evaluations, diagnoses, disposition/discharge information, outpatient services, hospitalizations, case management services, emergency services, residential services, payment sources, and costs of services. However, the following will only be release if you give us your specific permission by putting your initials on the lines below:

- _____ Psychological, psychiatric, or other mental health treatment information as defined in Welf. & Inst. Code 5328 (excluding "psychotherapy notes," as defined by 45 CFR 164.501).
- _____ Drug abuse, alcoholism, or other substance abuse records, as defined by 42 CFR 2.31, 2.34, 2.35.
- _____ Human Immunodeficiency virus (HIV) and/or Acquired Immunodeficiency syndrome (AIDS) information and records, including but not limited to test results, evaluations, diagnoses, and treatment.
- _____ Sexually transmitted diseases information and records, including but not limited to tests results, evaluations, diagnoses, and treatment.

BY WHOM:

- All medical sources, including mental health providers and facilities, that have provided payment, treatment, or services to me or on my behalf.
- Drug and alcohol treatment providers.

TO WHOM:

- Researchers and agents of the Economic Roundtable, 315 West Ninth Street, Suite 1209, Los Angeles, CA 90015;

FOR THE PURPOSE OF:

Evaluation of housing needs as described in section 1 and 2 of Informed Consent.

CAUTION:

I understand that by signing this Authorization there is the potential that my information may be redisclosed and that while State law protections may still apply, the information may no longer be protected by federal law.

EXPIRES WHEN: This authorization will expire at the end of the pilot project or on December 31, 2011, whichever occurs earliest.

YOU HAVE THE RIGHT TO:

Receive a Copy of this Authorization: I understand that if I agree to sign this Authorization, which I am not required to do, I must be provided with a signed copy of the form.

Revoke this Authorization: I understand that I have the right to cancel this Authorization at any time by following steps in section 5 of the Additional Information Regarding Your Permission to Release Personal Information. I also understand that a revocation will not affect the ability of any health care provider to use or disclose the health information for reasons related to the prior reliance on this Authorization.

CONDITIONS: I understand that I may refuse to sign this Authorization without affecting my ability to obtain treatment.

I have had an opportunity to review and understand the content of this authorization form. By signing this authorization, I am confirming that it accurately reflects my wishes.

Signature of Patient/Personal Representative:

Date:

If signed by someone other than the patient, state the relationship of this person and describe his or her authority to do so:

AUTHORIZATION TO RELEASE AND SHARE INCARCERATION AND ASSOCIATED SERVICES RECORDS

I authorize the Los Angeles County Sheriff's Department to release information as described in item 1 above to Daniel Flaming, Ph.D., Economic Roundtable, 315 West Ninth Street, Suite 1209, Los Angeles, CA 90015 for the time period beginning January 1, 2001 and ending December 31, 2011 for the purpose stated in item 2 above.

The information to be disclosed is the type, reason for starting or stopping, date, duration or amount, and cost of services I received from the Sheriff's Department.

I understand that I may cancel this authorization at any time by following the steps provided in item 1 above. Otherwise, this Authorization will expire at the end of the pilot project, upon the date of revocation of consent and authorization, or December 31, 2011, whichever occurs earliest.

I agree to hold harmless the County of Los Angeles, the Sheriff's Department, its agents, officers and employees from and against any and all liability for damages of any nature whatsoever arising from or connected with the release of information under this authorization.

Information you provide will not be used by the Los Angeles County Sheriff's Department to execute outstanding warrants or take any action that may result in you being detained or incarcerated.

I further understand that I have a right to receive a copy of this authorization upon my request.

Signature of Inmate/Legal Representative: _____

If signed by other than the inmate, state the relationship and authority to do so:

Date: _____