Intertribal Treatment Center
Consent for Participation in Outcomes Measurements

At different times during the course of your treatment, we may be asking you to complete certain questionnaires, interviews, tests, or other measurements. These are designed to help us evaluate and improve program services. The information we collect will be kept confidential, like the rest of the information in your file at Intertribal Treatment Center. We will also contact you to ask for feedback some time after you have completed treatment with us. This is also to evaluate our program by measuring the long-term benefits we are able to provide our clients. We thank you for your cooperation in this effort. Please fill out the following form so that we can contact you more easily for this follow-up evaluation and do sin a way that avoids inconveniencing you:

Contact Information and/ or Mailing Address:

Address:

City: State: Zip:

Phone Number #1: ___ Home ___ Work ___ Cell

Phone Number #2: ___ Home ___ Work ___ Cell

Phone Number #3: ___ Home ___ Work ___ Cell

I hereby give the Intertribal Treatment Center and/or its designee permission to contact me at one of the following social network sites that I have listed below:

Myspace link:

Facebook link:

Twitter link:

Other Address:

This authorization will expire within (1) year for outcomes service coordination. I understand that I may revoke this authorization at any time by notifying the provider in writing. I understand that all results of outcome measurement completed by ITTC will be kept confidential at the level of individual identification.

Client Signature: _____ Date:_____

Staff Signature: _____ Date:_____