

Tell Us What You Think....

Fairfield County Behavioral Healthcare Network

PARENTAL CONSENT FORM Youth 13 and Over

The Behavioral Healthcare Network, an effort of the Fairfield Mental Health and Recovery Services Board and the agencies it gives moneys to, is conducting research to learn about consumers' satisfaction with agency services. Clients of each agency will be asked at random to participate in this effort. Each consumer will be asked to complete a questionnaire either alone or in discussion with a surveyor. Agencies include: the Drug and Alcohol Recovery Center, Fairfield Medical Center – Crisis Intervention Services, the Fairfield Mental Health Consumer Group (Our Place), the Lighthouse, Mid-Ohio Psychological Services, the New Horizons Youth and Family Center, and Pickerington Area Counseling Center. **Any information you provide will be kept completely confidential and no individual information will be released.** Individual client responses will be merged with the consumers' other client data at the Board level to allow for a more thorough analysis of the data, but no individual information will be released. Consumer comments will be included in reports, but no individual client names will be included. The information will be used to improve the mental health and recovery services system of Fairfield County. Your participation is completely voluntary and you may stop at any time. By participating in this research we hope to develop a better understanding of what consumers would like and need in the service delivery system. **Results of this research will be available to you through the Agency where you are receiving services when the research is completed.** If you are receiving services at more than one agency who receives funds from the Board, please respond to the questions only as they apply to the agency where you are completing this questionnaire. If you have any questions, please feel free to ask us.

If you agree your child may participate if chosen, please sign below:

Signature of Parent or Guardian

Date

Please print your name

Birthdate

Please print your child's name

Birthdate

Thank you for participating in this study!