

COPE QRT Resident Participation Disclosure

Hamilton County Council on Alcohol & Other Drugs (“Council”) and Affiliated First Response Agencies (“Agencies”) have developed the Community Opioid Prevention Effort Quick Response Team (“Program”), which is available to residents residing in Hamilton County that have been impacted by an Opioid overdose. The Program offers in-home resident wellness check, vital signs check, health assessments, referral support to health care services, and safety related services which are provided by Agency team members. Team members include EMTs and paramedics employed by County-based Departments, police officers employed by County-based Police Departments and Peer Recovery Specialists employed by Aspire Indiana.

Resident participation in the Program is voluntary, and eligible residents must demonstrate their understanding of the services, and agree to participate, by submitting a signed copy of this consent form.

Description of Program:

- A wellness check and health assessment will be conducted in your home by a Quick Response Team consisting of EMT/Paramedic, Police Officer, and Peer Recovery Specialist
- The home visit will include a review of your overall wellness following the overdose incident, a review of all the medications you take at home, a home safety evaluation, a brief physical assessment and health education as needed.
- There is no fee or out-of-pocket cost to resident to participate in the Program.

Disclosures:

I have read or have had the content read to me and understand this Consent to participate in the Program described above and agree to voluntarily participate. _____ Initial

I agree to hold harmless any Quick Response Team members and affiliate organizations for my participation in the Program. _____ Initial

I authorize to be voluntarily enrolled in the Program. _____ Initial

I agree to and allow the Quick Response Team to release information to Hamilton County Council on Alcohol & Other Drugs during my participation in the Program. _____ Initial

I understand that this authorization is voluntary and that I have the right to revoke it at any time prior to its expiration date by written notification to Hamilton County Council on Alcohol & Other Drugs. This revocation will not have any effect on the information released pursuant to this Authorization before the revocation. I understand that the information released may be subject to re-disclosure by any affiliate recipient and no longer protected by federal privacy laws. _____ Initial

Please complete the Release of Information on the following page.

