



Authorization for Follow-Up

Odyssey House is a private, non-profit organization dedicated to providing drug abuse and mental health treatment to those in need. As part of doing this, we often conduct studies to further the knowledge in the field about drug abuse treatment. Some of our studies require that we follow-up clients after they complete residential treatment and/or graduate from the program after outpatient care. We are interested in knowing what happens to you after you leave treatment. We will also want to know if we may help you in any way. Therefore, we are asking your voluntary permission to contact you in the future.

Someone from Odyssey House has my permission to contact me anytime within 7 years of today's date to see how I am doing and if I need any help.

If the program is unable to find you at the time of follow-up, we need names, addresses and phone numbers of five relatives, significant others, friends, who are likely to know where you are living in the future after you leave Odyssey House. Please provide that on the attached form.

This consent expires 7 years from today's date, on ____/____/____. This consent may be revoked at any time by notifying Odyssey House in writing.

Participant name (typed/printed)

Participant's signature

Witness signature (if necessary)

Date