



Bad River Health and Wellness Center
53585 Nokomis Road
Ashland, WI 54806-4272

Clinic Administration

Phone: 715.682.7137

Fax: 715.685.7857

Main Clinic: 715.682.7133

Native Connections Participant Protection Form

The Bad River Native Connections Program aims to improve mental health and reduce substance abuse and suicidal behavior by increasing culturally responsive prevention activities and integrating access to supportive treatment and recovery services for the native youth in the Bad River Service Area. The audience for the Native Connections program is school-aged youth to 24 years of age. The Bad River Native Connections Program will work to integrate prevention, support, and recovery services through the AODA Prevention Specialist and Case Manager to fill gaps in services and build strong connections with other services in the schools and related agencies.

By participating in this program you understand the Native Connections program may gather data and information, work within the school system to build collaboration and service connections for you, receive referrals, connect you to appropriate resources, and, follow you through prevention, treatment, and aftercare.

A data gathering and reporting system will be designed and implemented to assure referrals from Ashland School District for prevention, treatment and recovery services are made and needed follow-up is provided.

Risks and benefits:

The Bad River Health and Wellness Center does not anticipate any risks to you participating in the Native Connections program beyond those encountered in day-to-day life. The project does not foresee any physical or medical risk with this project. Due to the sensitive nature of this project, psychological risk may be present. If further consultation is needed, a list of local counseling services including behavioral health resources will be provided to participants. All unanticipated adverse events will immediately be reported to the Bad River Band Tribal Council. Your participation will benefit you by ease of access to resources and services, case management, and priority of participation in Native Connections sponsored events.

Your answers will be confidential.

The records of this study will be kept private. In any sort of report we make public we will not include any information that will make it possible to identify you. Research records will be kept in a locked file; only the Case Manager and Medical Records Clerk will have access to the records. If you wish to have your records shared with any other individual you will be required to complete the Bad River Health and Wellness Center's *Release of Information* form with the Medical Records Clerk.



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Taking part is voluntary:

Taking part in the Native Connections program is completely voluntary and you may disenroll in the program upon request to the Case Manager. If you choose to disenroll the Case Manager may ask you to sign a written request to disenroll.

If you have questions:

If you have any questions regarding this program or your rights and responsibilities please contact the Bad River Health and Wellness Center at 715-682-7133. You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information, and have received answers to any questions I asked. I consent to take part in the study.

Participant Signature

Date

Participant (Print Name)

Signature of Parent/Legal Guardian

Date

Parent/Guardian (Print Name)



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