

# CONFIDENTIAL INFORMATION FORM

## COLLATERALS

FOR OFFICE USE ONLY
_____ Study
_____ ID
_____ Point
_____ Date
_____ Raid
<small>CONCOL - Revised 3/26/96 - 2 Pages</small>

As part of our research program, we also would like to interview people who know you well, to ask for their views on how you are doing. These should be:

1. People who know you fairly well, see you on a regular basis, and would know something about your use of \_\_\_\_\_ **["alcohol" or "drugs"; whichever is appropriate].**
2. People you trust, whom we could talk to in confidence without creating problems for you.

These interviews are completely confidential, and we would not give these people any information that you have shared with us. They would, however, know that you are participating in a research project, and we would ask them to talk to us about your use of \_\_\_\_\_ **["alcohol" or "drugs"; whichever is appropriate].**

May we have the names of three people, and your permission to talk with them during this research project?

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

\_\_\_\_\_  
City State Zip

Telephone: (\_\_\_\_) \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Notes:

Permission Date: \_\_\_\_\_ Initial: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

\_\_\_\_\_  
City State Zip

Telephone: (\_\_\_\_) \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Notes:

Permission Date: \_\_\_\_\_ Initial: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

Telephone: (\_\_\_\_) \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Notes:

Permission Date: \_\_\_\_\_ Initial: \_\_\_\_\_

.....

**STATEMENT OF PERMISSION**

I hereby grant my permission for research interviews to be conducted with the people I have named above. I understand that these are confidential interviews, and that any information I give to the research staff will not be given to these individuals. I may at any time change these names or withdraw my permission for one or more of them to be contacted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_