



California Problem Gambling Treatment Services Program Request to Revoke Consent



Please complete and sign this form to revoke or cancel a consent provided to the CPGTSP.

Telephone Monitoring and Follow-Up Interview

Telephone monitoring and follow-up interviews are conducted by the CPGTSP staff for quality control purposes and to assess the effectiveness of the treatment services provided to the client. If you revoke your consent to participate in telephone monitoring and telephone interviews, your participation in the CPGTSP will not be affected.

I wish to revoke my consent to participate in telephone monitoring and follow up interviews.

Signature: _____

Date: _____

Print Name: _____

Confidential Information

De-identified data regarding your CPGTSP treatment is entered into an electronic Data Management System by your provider after each session. It is used by the CPGTSP staff to assess the effectiveness of the program by looking at all clients' combined outcome information. It is critical to the continued funding of the CPGTSP to be able to determine the effectiveness of services provided. This confidential data is not associated with your name or contact information and cannot be linked back to you.

If you revoke consent to release confidential information, you will no longer be eligible to receive CPGTSP services. You may still see your provider, but you will have to work out alternate payment options. Any data that was released into the Data Management System before your consent was revoked will remain in the system.

I wish to revoke my consent to release confidential information. I understand that by revoking this consent, I will no longer be eligible to receive state-funded CPGTSP services.

Signature: _____

Date: _____

Print Name: _____