



MHS  
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## Research Consent Form

*As part of an ongoing effort to improve our treatment program, Mental Health Systems, PC (MHS) engages in an ongoing program of outcome research. With your permission, we would like to use selected information from your treatment records in this research program. All personal information will be kept completely confidential, and your information will only be identified by number (never by your name). Only MHS staff and designated consultants will have access to this information. Public reporting of the results of this research will only include aggregate statistical information.*

*Some research projects at MHS are long-term and need information after you have been discharged from services at MHS. This means contact for up to 2 years after you have left MHS. Agreeing to research includes agreeing to be contacted for research purposes after your discharge from MHS.*

*Participation or lack of participation in the outcome research will not effect your treatment at MHS.*

*Please sign below to indicate whether or not you consent to allow the use of information from your records for research purposes.*

- I agree to allow the use of information in my records for research conducted by MHS.*
- I do not wish to allow access to my records for research purposes.*

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Date*

*Client Name:*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*