

**Behavior Therapy Associates, LLP
CONSENT FORM**

Title: AN INTERNET APPLICATION FOR SMART RECOVERY

You have been invited to participate in a study that will try to determine how helpful a new software program, Overcoming Addictions, is in helping drinkers learn the skills to stop drinking and maintain abstinence. You have been asked to participate because you have indicated that you meet our definition of a new member of SMART Recovery and are interested in learning how to achieve and maintain abstinence.

By participating in this study you are agreeing to:

1. Be randomly assigned to one of two groups:
 - Experimental group would be using the Overcoming Addictions program in conjunction with face-to-face and/or online group meetings
 - The control group would attend face-to-face and/or online group meetings but not use the Overcoming Addictions program.

If you are assigned to the experimental group, we will give you access to the Overcoming Addiction web application for you to use on your home computer. You will also be asked to participate in face-to-face and/or online SMART Recovery meetings.

If you are assigned to the control group you will only be asked to participate in the face-to-face and/or online group meetings.

2. Allow us to meet with you online for an initial interview and follow-up interviews at 3 and 6 months. Each follow-up will take about 40 minutes and you will be reimbursed \$40 for your time and inconvenience for each follow-up.

3. Provide us with the name of a friend or family member who can corroborate your self-report of your drinking.

You may benefit from participating in this study in two ways: 1. You may learn how to achieve and maintain abstinence. 2. You may receive support from the SMART Recovery support group that helps you to achieve your abstinence goal.

It is important that you tell us if you feel that you have been injured because of taking part in the study. You can tell Dr. Hester in person or call him at 505.345.6100 from 8am to 5pm (Mountain Time) or call our 24 hour line at 505. 260.7021 and our answering service will contact one of our on-call Doctors who can help you get treatment. Should you be injured during the course of this study, the costs of treatment for injury are your responsibility.

You will not be personally identified if the results of this study are published and your participation will be kept confidential. You have the right to refuse to participate and right to

withdraw without penalty or loss of rights. You may withdraw from the study at any time simply by telling Dr. Hester. Withdrawing from the study will not affect your other medical care.

“I have read this document and it has been explained to me. I have had an opportunity to ask questions and they have been answered to my satisfaction. If I have further questions, I may contact Dr Reid K. Hester at 505.345.6100, 9426 Indian School Rd NE Ste 1, Albuquerque NM 87112 or the Presbyterian Healthcare Services Institutional Review Board at 505.841.1436. I also can contact Presbyterian Health System’s Risk Management and the Institutional Review Board regarding rights of research subjects. I understand that by signing the Informed Consent Form, I do not waive any legal rights to which I am otherwise entitled. With this understanding, I hereby consent to participate in this study.”

_____ PATIENT’S SIGNATURE	_____ DATE
_____ WITNESS TO SIGNATURE	_____ DATE
_____ PERSON OBTAINING CONSENT	_____ DATE
_____ INVESTIGATOR’S (Physician’s) SIGNATURE	_____ DATE

Patient received copy of this Informed Consent

_____ RESEARCH STAFF SIGNATURE	_____ DATE
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