**CM TRUST Project – Red Cap Prep**

Data protection language for patient agreements:

* I understand that [setting name] will collect information about me throughout my participation in Contingency Management for evaluation and incentive tracking purposes.
* I understand that my CM provider will document my CM attendance, urine screen results, and incentive payments. This information will be collected in an electronic database, which will be accessible by the Contingency Management Training and Technical Assistance team at Washington State University (‘WSU CM TTA team’).
* I understand my personal and medical information will be protected according to required state and federal privacy and confidentiality regulations (HIPAA and 42 CFR Part 2) and will only be shared when medically necessary or within the provider organization, WSU CM TTA team or state-appointed program evaluators for program payment, monitoring, oversight, auditing, and/or evaluation purposes.