



Department of Behavioral Health  
Adult Services Administration  
State Opioid Response (SOR) Team

## ***CONSENT TO PARTICIPATE IN THE MYRIDES PROGRAM***

### ***What is this program?***

The Department of Behavioral Health (DBH) and Department of and For-Hire Vehicles (DFHV) launched the MyRides program to provide free rideshares to individuals with an opioid use disorder (OUD) or stimulant use disorder (STUD) to get to and from substance use disorder (SUD) treatment or peer-operated centers. DFHV has contracted with Yellow Cab to provide the MyRides dispatch and rideshare services.

### ***What should I know about this program?***

- Only individuals receiving treatment for OUD or STUD are eligible to participate;
- Providers will schedule on-demand rides for all participants;
- Your provider will send your participant name, contact information and travel itinerary to Yellow Cab for the purposes of coordinating a ride;
- All program participants must give consent to their provider, in order for them to share their personal data listed above with Yellow Cab by signing this document before participating in the MyRides Program;
- Participation in the MyRides Program is voluntary. Participants will continue to receive treatment if they decide not to participate in the MyRides Program;
- Please speak with your provider if you have any questions before signing this Consent form.

### ***What happens to my private information?***

By choosing to participate in this program, your provider will share your name, phone number and email address with DBH and Yellow Cab in order to monitor and coordinate your ride pickups and drop-offs. Your travel itinerary will be saved by Yellow Cab for bookkeeping purposes only. Please note that your personal information listed above will not be shared with any other person, agency, business or organization. Your personal information will not be used for any future solicitations.



***Participant Signature***

By signing below, you acknowledge that you understand the information in this Release and Consent of Information Authorization. You further acknowledge that you have had the opportunity to ask any questions about this document, and that all of your questions have been answered. Your signature documents your permission to release your name and contact information to Via, for the purposes of utilizing their transportation services in the MyRides program.

First Name of MyRides Participant

Last Name of MyRides Participant

Signature of MyRides Participant

Date

Organization/Provider Full Name

First Name of Consent Witness

Last Name of Consent Witness

Signature of a Witness

Date