



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 the Department of For-Hire Vehicles (DFHV) launched the MyRides program to provide temporary transportation assistance to qualified DC residents participating in treatment services. The program is designed to provide free on-demand rideshares to individuals with an opioid use disorder (OUD) or stimulant use disorder (STUD) to get to and from substance use disorder (SUD) treatment, SUD peer-operated centers, or other DBH service providers. DFHV has contracted with Transco to provide the MyRides dispatch and rideshare services.

What should I know about this program?

- Only DC residents receiving treatment for an OUD or STUD are eligible to participate
- The pick-up and drop-off locations for all transportation requests must be in DC.
- Transportation requests must be to and/or from treatment only. No destinations beyond this scope are permitted .
- Only approved providers will schedule on-demand rides for approved participants
- By receiving transportation through MyRides, participants consent to providers' disclosure of minimal participant information to Transco (participant name, contact information, and travel itinerary).

Participation in the MyRides program is voluntary with a maximum of five (5) rides allotted per participant. Participants will continue to receive treatment if they decide not to participate in the MyRides Program.

- Providers will assist participants in creating and implementing a long-term plan for transportation to treatment services once the 5-ride limit is reached.
- Any violation of terms may result in immediate restriction to the use of MyRides.

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 Transco 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 Transco, 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