**Participant Orientation Agreement**

**NICE Project Syringe Services Program**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that by signing this agreement I will be participating in NICE Project Syringe Services Program. I will follow the guidelines below and understand the consequences outlined if I do not.

I understand that I will be required to meet with a staff member and complete a questionnaire at the time of my initial visit. I will provide honest answers to the best of my ability and am aware that this information will not be shared.

I understand the responsibilities and consequences as follows:

1. Syringes will be supplied at a 1:1 ratio. That means that if I return 1 used syringe to a staff member, 1 new syringe will be provided to me.
	1. A maximum of 20 syringes will be provided at each visit.
2. Used syringes must be returned to a staff member in an approved container. Approved containers are as follows:
	1. SHARPS container
	2. Hard plastic container such as a laundry detergent bottle, shampoo bottle, etc.
		1. All containers must be labeled as medical waste and sealed.
3. Syringe Services NICE ID cards or identification numbers must be provided at each visit.
4. Needles must be stored in an approved container at all times, not loose in pockets.
	1. If law enforcement locates syringes in pockets the participant may be penalized or charged per local law enforcement code. If syringes are located in an appropriate container it is recommended to provide your syringe service NICE ID card to verify your enrollment in the exchange program.
		1. If syringes are located in pockets I will be suspended from syringe exchange services for 30 days.
5. I cannot receive services provided while under the influence of any substance.
6. I cannot use the syringes provided within the facility where exchange occurs.
	1. Violation will result in immediate removal from syringe exchange services.
7. I cannot sell the syringes provided for any reason.
	1. Failure to comply with this measure will result in a 90 day suspension from all services.

**Signature**

I have been informed of the information above and understand my responsibilities as well as the potential consequences for violating the terms of this agreement. I hereby consent to participate in the NICE Project Syringe Services Program under conditions described above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Staff Member Date

**Intake Data—Initial Encounter**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant Code\_\_\_\_\_\_\_\_\_\_\_\_**

1. Have you shared syringes or equipment with others? If so, how many people? \_\_\_\_\_\_\_\_\_\_\_\_\_
2. How do you clean a syringe? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	1. (Bleach contact for 60 seconds, H2O rinse, repeat)
3. Have you been tested for Hepatitis C (HCV)? Yes □ No □
4. If yes, most recent HCV result was: Positive □ Negative □ Unsure □ Decline □
5. Have you been vaccinated for Hepatitis A & B? Yes □ No □ Unsure □ Decline □
6. Do you identify as heterosexual/straight, gay, bisexual, or transgender? \_\_\_\_\_\_\_\_\_\_\_Decline □
7. Do you use condoms or latex barriers? Always □ Usually □ Sometimes □ Never □
8. Have you been tested for HIV? Yes □ No □
9. If yes, results of most recent HIV test was: Positive □ Negative □ Unsure □ Decline □
10. If positive, for HIV/HCV do you want help connecting to services? Yes □ No □
11. Zip Code \_\_\_\_\_\_\_\_\_\_\_Age \_\_\_\_\_\_\_ Male □ Female □ Transgender □
12. Drug of Choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. How many drug overdoses have you experienced in the last 90 days? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
14. How many interactions have you had with law enforcement in the last 90 days? \_\_\_\_\_\_\_\_\_\_\_\_\_
15. Are you aware of Naloxone Services provided at the hospital? Yes □ No □