

Hospital logo

Dear Patient,

I would like to take this opportunity to thank you for taking the time to consider being a part of this research study.

You are invited to join a research study to improve the understanding of XXXXX.

If you decide to participate, you will be asked to complete the following questionnaires. We believe this will take you approximately XXX minutes to complete.

This study involves no physical risks and will not alter any of your medical management.

You will likely not personally experience benefits from participating in this study. However, the information found in this study may help benefit others in the future.

We will keep information about you/your child confidential, and protect it from unauthorized disclosure, tampering, or damage.

**YOUR RIGHTS AS A RESEARCH PARTICIPANT?**

Participation in this study is completely voluntary. Deciding not to participate will not result in any penalty or loss of benefits to which you are entitled, and it will not harm your relationship with any of your medical team (staff, nurses, doctors, etc).

**CONTACTS FOR QUESTIONS OR PROBLEMS?**

If you have any questions, problems, unexpected physical or psychological discomforts, or think that something unusual or unexpected is happening regarding this study, please contact your Medical Assistant or provider during your clinic visit.

Once again, thank you for your consideration in participating in this study.