

Consent to Act as Participant in Research Study - Survey

Title:

Primary Investigator: Dr. Kathleen Kearns, MD

Source of Funding: none

Consent:

Adults 18 and over are asked to participate during their doctor visit.

The survey is completely voluntary. You may withdraw or not complete the survey at any time.

There is no compensation or pay for this study. Your responses will be kept confidential. Only the investigators will have access to completed surveys once that are completed. Your participation in this will not affect or alter the care you receive from your doctor.

If you have any questions or concerns you may contact Dr. X primary investigator at any time at (209) 000-0000.

If you have any questions regarding your rights as a research participant, please call Mary Oster at MWMC IRB at (508) 383-8786.

I have reviewed the above information. By completing the attached survey I consent to participate. My questions have been answered. I understand my information will be kept confidential.