

# INFORMED CONSENT FORM TEMPLATE

## Purpose and Benefits

The Partnership is conducting research to assess the quantity and quality of community HIV/AIDS services for AI/AN people living with HIV/AIDS. Your participation will help us to identify gaps and needs specific to your community. It will also help to improve services and programs for AI/AN people living with HIV/AIDS.

## Procedures

Only AI/AN people living with HIV/AIDS will be recruited to participate in our research questions. It is anticipated that the research will take approximately one hour of your time. Research questions may include general demographic questions as well as questions related to HIV/AIDS.

## Confidentiality

You will not be identified with the information you give because the research is confidential. No one but the interviewer or facilitator will know how you answered research questions. Interviewers and facilitators have signed pledges to keep all information about you confidential. Your name will be eliminated from all documents associated with the research and a number will be assigned to any survey questionnaires. The linked list of names and numbers will be kept in a locked secure place until data have been successfully entered into the computer. All identifying information will be destroyed immediately after the data have been entered. Any completed questionnaires (without any names on them) will be destroyed after the data is analyzed. Only project staff will have access to the study data. We will not use your name when we report results of the survey. The information we collect from you will be combined with information from other research participants to help develop a profile of community needs.

## Risks and Benefits

You may feel uncomfortable with some of the questions included in this research. You can refuse to answer any question you are not comfortable with, or skip questions you do not want to answer. You can stop your participation in the research at any time. The likely benefits to you are minimal; however, the overall impact for your community will be significant because new information related to HIV/AIDS services in your community will become available to address an important health problem.

## Rights as a Volunteer

Your participation in this research is voluntary. If you decide not to take part or to stop your participation in this research, you will not lose any services to which you are otherwise entitled. If you have any questions about this research project, you may call \_\_\_\_\_. You may also call the Project Coordinator, \_\_\_\_\_ at \_\_\_\_\_. If you have questions about your rights as a participant, you may call \_\_\_\_\_ at \_\_\_\_\_.

## Respondent Agreement

The Partnership Research has been explained to me. I voluntarily consent to participate. I have had an opportunity for my questions to be answered. I know that I may refuse to participate or to stop my participation in the research at any time. I understand that if I have questions about this research project or my rights as a respondent, I may contact the local community contact or the Project Coordinator.

I understand that I will receive \$\_\_\_ for my time and contribution.

\_\_\_\_\_  
Respondent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interviewer Signature

\_\_\_\_\_  
Date

Copies:       Participant       Project Coordinator