

Research Department

Consent to be Contacted Re Possible Participation in a Health/Healthcare Related Research Study

Title of Study:

Brief Description of Study:

You have been identified by your Southlake care provider(s) as a possible candidate for participation in the health/healthcare related research study described above. Because of privacy legislation, persons organizing this study cannot contact you regarding *possible research study participation* unless Southlake first obtains your permission for them to do so. If your permission is given, Southlake would share basic contact information (like your name, phone number and address) with study organizers.

It is important for you to understand that you are not required to consent to being contacted by members of the research team. If you decide not to consent to further contact, that decision will not affect the quality of care you would normally receive here at Southlake.

If you do agree to being contacted, a member of the team organizing the research study will be in touch with you to describe the study in greater detail and to make arrangements for you to review and understand the consent form for the actual study itself.

This contact will occur within _____ weeks of today's consent to further contact.

If you agree to being contacted and if you have not heard from a research organizer within the period of time noted above, and you wish to know why, you may contact a study organizer at _____ - _____ Ext. _____.
Note that you will be under no obligation to do so.

Declaration:

By signing below, I declare that I have read and understood the information given above and I hereby give Southlake Regional Health Centre permission to share basic contact information (like my name, phone number and/or address) with persons organizing the above named health-related or healthcare-related research study. I understand that I am under no obligation to do so.

Name of Participant: *(print first, last)* _____

Signature of Participant: _____ **Date:** _____

