



# Informed Consent

Dear Participant:

We want to find out if today's group helps you talk to your doctor. This is part of a study to help us give better information to patients. This group will last 30 minutes to 1 hour. You will be asked to answer six questions before and after the class. If you say we can contact you in three months, we may ask how you have used what you learn today.

You do not have to be in the study to attend today's group. You can volunteer to answer the six questions before and after the class and to be contacted in three months. If you agree to be in the study, please sign the bottom of this letter. We will give you a copy of this letter to keep. Your responses on all data collected will be secured in a locked cabinet and kept confidential to the extent allowed by law and University policy.

If you have questions or concerns, you may contact Lisa Washburn or Ro Windwalker.

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I have read this information or had it read to me. I have been able to ask questions and tell my concerns. My questions were answered. I understand the purpose of the study and what it involves. I understand that I do not have to be in the study. I will be given a copy of this letter.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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