

Please complete this form and return



Gold Coast Health

Gold Coast Integrated Care Program Evaluation: Consent form

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PARTICIPANT CONSENT FORM

I have read and understood the information sheet on the evaluation project. I have had the opportunity to ask any questions I need to understand the project and agree to participate, and received satisfactory answers to my questions. I understand that taking part in the consultations is voluntary and that I can withdraw at any time without disadvantaging me or affecting my relationship with the Gold Coast Hospital and Health Service, health staff and or my GP (refer to *Revocation of Consent* form). I understand that if I decide to withdraw for any reason, I will be withdrawing only from the research, and will still be provided care for my condition through the Gold Coast Hospital and Health Service. I understand that individuals' health information and contributions will not be identified in any report or publication. I understand that if I have any questions relating to the collection of my health information, surveys, and/or interviews/focus groups I may contact Lauren Ward at l.ward@griffith.edu.au or 1300 004 242. Alternatively I can contact the Research Ethics Coordinator at Gold Coast Hospital and Health Service on (07) 5687 3879 or email GCHEthics@health.qld.gov.au.

I, _____ agree to take part in this study on health condition management.

Signature _____ Date _____

People often move address and sometimes it is difficult for the study researchers to make contact again. In this case the following friend or relative of mine who lives at a different location can be contacted:

Name/relationship/phone: _____

Signed on behalf of participant by (full name and signature) _____

Date: _____ Circle where appropriate: *Power of attorney / Guardianship order / Statutory Health Attorney*. Please also attach supporting evidence.

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