

Informed consent and privacy statement - Project WARD-BP

Last name: _____

First name: _____

Birthdate: _____

Email: _____ (for online assessment and intervention)

Phone: _____ (for telephone interview)

Date of clinic release (if known) _____

If possible, please specify a period,
to which you are generally reachable: _____

I am informed about the content and purpose of the research project WARD-BP of the Universities of Freiburg, Ulm, Erlangen and Lüneburg and the Medical Center of the University of Freiburg (Prof. Dr. H. Baumeister, Prof. O. Mittag, Dr. D. Ebert, Prof. M. Berking, Prof. H. Riper). For this purpose, I was given a letter of information.

I was assured and it is known to me that all my information is treated without restriction - absolutely confidential. I declare that the assignment of my name to the data is deleted after the project, and that the data are anonymized. I agree that the data will be evaluated in a pseudonymized version up to this point.

I would like to support the research project through my participation and am willing to fill out a questionnaire on depression during and two months after my rehabilitation stay. Should I be eligible for the study in principle, I will participate in up to three telephone and online surveys over a period of six to twelve months. Should I be assigned to the intervention group, I will work through the lessons of the Internet-based intervention. I also agree that my rehabilitation facility will provide information about my diagnoses, as well as my data and contact details to the scientific project team. I am aware that persons who have been authorized to do so by the staff of this study are able to inspect my documents for quality and data protection purposes. I agree to this, which is permitted only in connection with this study. In this respect, I release the employees of the rehabilitation facility from their duty of secrecy.

I know that I can always withdraw my consent without incurring any disadvantages for my treatment and in this case, former collected data will be deleted on my request. Under these conditions I declare my consent to participate in the research project.

City, Date: _____

Signature of the participant: _____

City, Date: _____

Signature of the authorized staff: _____