

Model Volunteer Consent Form, #4

Background

The research is no more than minimal risk and does not involve vulnerable subjects; thus, it may be exempt from IRB review in I concerning participation.]

NoName Health Care Research Study

The NoName Indian Health Board asks you to take part in a research study about what services IHS Clinic patients need.

We will use the results of the study to plan for better services for all of us. The Health Board wants to know what things are done well, what things need to be improved, and what new services are needed.

We ask all adult patients seen by the IHS Clinic, and parents of children, to fill out the form. We know of no risks to you to taking part, because the survey is anonymous. That is, no-one can know who filled out a form, because no names are on it. It takes about 10 minutes to finish.

The NoName Tribe will benefit if most patients answer the survey and give their ideas!

Taking part is voluntary.

If you do not answer the survey, you will have no penalty and will lose no care or services by IHS or others. You may leave any question blank, but we ask you to answer as many questions as you can.

If you have **questions about the survey** please contact **Mary Doeswell** phone ___-___ or at the NoName Tribal Office. If you have a **complaint, grievance, or other concerns** please contact **Ed Ethics Chair**, NoName IRB. Call him at ___-___ or visit him at the Tribal Office. You may use a Clinic phone to make the calls.

Please leave the survey form in the boxes by pharmacy, lab, or medical records.

Please take this cover sheet of explanation with you. Medical records and Mary Doeswell also have copies of the cover sheet and survey.

Thank you for helping build a healthier world.

We will report the results of this survey at the Nation's Annual Meeting, May 2. Please attend!

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*[Note: The readability of this Consent Form is 7th grade. The text is only 297
meets all requirements for Consent Forms. Consent Forms do not need to be*