

**CENTER FOR ADHERENCE SUPPORT EVALUATION (CASE)  
QUALITATIVE STUDY CLIENT CONSENT FORM**

**Purpose of Study**

The Center for Adherence Support Evaluation (CASE) is conducting an evaluation of twelve programs throughout the country to learn how best to help people living with HIV to take or prepare to take HIV medications. You have been asked to be in this study because you are receiving HIV medication adherence support services at [NAME OF INSTITUTION]. This national evaluation study is separate from the study that you are participating in at [NAME OF INSTITUTION].

**Study Procedures**

Your participation in this study is totally voluntary. If you decide to participate, you will be interviewed by a member of the team at the [NAME OF INSTITUTION]. This person may be same person who helps you with taking your medications or another team member. You will be interviewed for this phase of the study only once. You will be asked questions about the adherence support services you have been receiving at the clinic - what you liked about the services, what you didn't like, how you have benefited, and what you would like to see changed or added to the services.

If you decide to participate, you may choose not to answer any question that makes you uncomfortable and can stop the interview at any time. The interview will take between 25-30 minutes.

The discussion will be audio-taped so that the information obtained from the interview can be summarized. An experienced professional will then type the information from the interview. Audio-taping of the interview is a requirement for participation in this phase of the study.

**Alternative to Study Participation**

If you decide NOT to participate in this study, you can continue to receive services at [NAME OF INSTITUTION]. Your refusal to participate will have no effect on your ability to receive services at our clinic/agency.

**Benefits and Risks**

You understand that you may not personally get any direct benefits from being in this study. However, the answers you give will be used to identify the needs of other persons taking or thinking about taking HIV medications at [NAME OF INSTITUTION] and other centers across the country.

To protect your confidentiality, no identifying information about you will be recorded on the tape. Your name or other identifying data will not appear in tape transcripts. Research records will be kept in a locked file and will be available only to local and CASE research/evaluation staff involved in this study. Each tape will be erased within 3 years of the interview.

Your answers will remain confidential; answers will not be shared directly with non-research staff at any time at [NAME OF INSTITUTION]. A certificate of confidentiality has been obtained for this study to protect the

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privacy of participants by keeping names and identifying characteristics from all people not connected with the research. You understand that the information that you give to the interviewer will not be shared with your HIV providers. The information for this evaluation study is completely separate from your scheduled medical and other service visits.

There is a slight possibility that the kind of questions you will be asked may be upsetting. If you become upset, you may ask to be referred to a staff member at [NAME OF INSTITUTION] who will attend to you. You understand that this study has been designed to keep information confidential, but there is a small risk that the information you provide may become known by other people.

**Compensation**

**[FOR THOSE SITES NOT PROVIDING INCENTIVES FOR THE QUANTITATIVE INTERVIEWS]** There is no compensation for clients to participate in the cross-site evaluation.

**[FOR THOSE SITES PROVIDING INCENTIVES FOR THE QUANTITATIVE INTERVIEWS]** You will be given the same incentive that you receive for participating in the quantitative interviews. **[EACH LOCAL SITE WILL INSERT THE AMOUNT OF THE INCENTIVE THEY PROVIDE]**

**Questions**

If you have any questions about this study, you can call Dr. Ruth Finkelstein, Principal Investigator, New York Academy of Medicine, at (212) 822-7237. If you have any questions about your rights as a research participant, you may call Dr. Alan Fleischman, Chairman, Institutional Review Board at the New York Academy of Medicine at (212) 822-7219. The Institutional Review Board exists to protect the welfare of people taking part in research. The New York Academy of Medicine’s Institutional Review Board for the Protection of Human Subjects has approved recruitment for this study. The [NAME OF LOCAL INSTITUTION] Institutional Review Board has also approved recruitment for this study.

**Refusal or Withdrawal of Participation**

**You agree to participate in this phase of the study. You understand that your participation is totally voluntary. You can choose not to be in the study, and can refuse to answer a particular question or withdraw your consent at any time. You understand that anything said in the interview is confidential.**

**Consent to Participate in the Study**

You hereby agree to participate in the New York Academy of Medicine’s Center for Adherence Support Evaluation Qualitative Interview. You have been given a copy of this consent form to keep.

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Person Obtaining Consent**

\_\_\_\_\_  
**Date**

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