

CENTER FOR ADHERENCE SUPPORT EVALUATION (CASE)

The New York Academy of Medicine

Confidential Statement Insert

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

You have been asked to participate in this study because you have enrolled in a medication adherence support program at [NAME OF AGENCY] and have agreed to participate in the study being conducted here. You may choose not to participate in this evaluation or the one taking place at [NAME OF AGENCY] and still receive the care you need. Although you may not personally get any direct benefits from being in this study the information you give will be used to identify your needs and the needs of other people living with HIV at [NAME OF AGENCY] and across the country. Your confidentiality will be protected as your name and other identifying information will not be recorded on the interview form, and any information collected in this study will be kept in a locked file and will be available only to the research staff involved. The information collected in this study will be transmitted without your name or other identifying information to the Center for Adherence Support Evaluation at the New York Academy of Medicine. If for any reason or at any time you become upset because of the questions you are asked, you may ask to be referred to a staff member at [NAME OF AGENCY]. If you have any questions about the national evaluation, 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, New York Academy of Medicine, at (212) 822-7219.

Refusal or Withdrawal of Participation

I agree to participate in this study. I understand that my participation is totally voluntary. I can choose not to be in the study, and can refuse to answer a particular question or withdraw my consent at any time. I understand that anything said in the interviews is confidential.

Consent to Participate in the Study

I hereby agree to participate in The New York Academy of Medicine's Center for Adherence Support Evaluation Study. I have been given a copy of this consent form to keep.

Participant

Date

I have witnessed that the above informed consent statement has been adequately and appropriately explained to the subject.

Person that obtains consent

Date