

TITLE: << ENTER NAME OF PROJECT HERE >>

Consent Letter 1

Title of Project:

<<ENTER THE NAME OF YOUR PROJECT>>

Investigator(s):

<< PROJECT LEADER >>, << SELECT YOUR DEPARTMENT >> Department
Haliburton, Kawartha, Pine Ridge District Health Unit (HKPRDHU)

Purpose:

The purpose of this << type 'evaluation' or 'research' here, as appropriate >> is to: <<THIS SECTION SHOULD ANSWER THE QUESTION: "Why do the study?">>.

Description:

<<THIS SECTION SHOULD ANSWER THE QUESTIONS: "How will the study be conducted and how will the participants be involved?" DESCRIBE WHAT THE PARTICIPANT IS EXPECTED TO DO>>.

Participation:

Thank you for taking part in this << type 'evaluation' or 'research' here, as appropriate >>. Your open and honest feedback is greatly appreciated in helping the Health Unit assess and improve its programs and services in the area. Your participation is voluntary, and there is no cost to be part of this << type 'evaluation' or 'research' here, as appropriate >>. You are free to stop participating at any time. If you choose to stop participating, you can ask that your information be removed from the collected data, when possible.

Whether you choose to participate or not, the services from the Health Unit that you receive now or may request in the future will not be affected. By taking part, you are allowing the Health Unit to collect and use the information you provide for evaluating and improving its program/service delivery.

No information that identifies you will be shared by the Health Unit without your prior consent (unless required by law[†]). When reporting the results, participants' responses will be added together to reduce the possibility of identifying information being used. The results may be used in reports, journal articles, presentations, and/or related to Health Unit services/programs.

The Health Unit cannot reimburse you for any costs that you incur taking part in << type 'evaluation' or 'research' here, as appropriate >>. Please retain this letter for your records.

Potential Benefits:

You may or may not directly benefit from your participation in << type 'evaluation' or 'research' here, as appropriate >>. The potential benefits are << LIST OR DESCRIBE THE POTENTIAL BENEFITS. If there are no potential benefits, make that statement. >>.

Potential Risks

**Personal and Personal Health Information is collected and documented under the authority of the Health Protection and Promotion Act, the Municipal Freedom of Information and Protection of Privacy Act, the Personal Health Information Protection Act (as amended), and the Regulated Health Professionals Act. Your information may be shared within the Health Unit and as required by legislation, as well as used for assessment, management, treatment and reporting purposes. For information about the collection, use and disclosure of your information, please refer to the Health Unit website at www.hkpr.on.ca*

[†] This legal obligation includes circumstances such as suspected child abuse and infectious disease, expression of suicidal ideas, where research documents are ordered to be produced by a court of law and/or where researchers are obliged to report to the appropriate authorities.

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<< If there is known harm to the participants **state clearly:**

- a) the potential harm (psychological, physical, emotional, etc.);**
- b) current knowledge regarding the probability of the occurrence of the harm; and**
- c) clinical importance of the harm.**

>>

Contact:

If you have any questions about this project, please contact:

<<Investigator>>, <<Phone Number>> (Collect calls will be accepted)

<< select your department >> Department

Haliburton, Kawartha, Pine Ridge District Health Unit (HKPRDHU)

200 Rose Glen Road, Port Hope, Ontario, L1A 3V6

Tel: 1-866-888-4577

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