UNIVERSITY of NORTHERN COLORADO

CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH
UNIVERSITY OF NORTHERN COLORADO

Project Title: Evaluating the Effectiveness of Patient Feedback in an Integrated Healthcare Setting

Researcher: Cassie V. Comeau, PhD
Phone: 970-668-6887 Email: cassie.comeau@unco.edu

Purpose and Description: The primary purpose of this study is to evaluate the effectiveness of patient feedback on therapeutic outcome. Patient feedback is the use of brief measures at each session to monitor progress. If you choose to participate in the study, you will be randomly assigned to either the feedback condition or the treatment as usual condition. In the feedback condition, you will complete one measure prior to each session and the therapist will administer each of the feedback measures in session with you. In the treatment as usual condition, you will be asked to complete the measures in the waiting room prior to your scheduled sessions. You will not be asked to do anything beyond the normal requirements of your course of treatment.

We will make every effort to keep all research records that identify you confidential to the extent allowed by law. For your privacy, your personal information will be associated with a number so that you cannot be identified. When we write about the study to share it with other researchers, we will write about the combined information we have gathered on all participants. You will not be personally identified in these written materials. Data collected and analyzed for this study will be kept in a locked file cabinet behind locked doors and will only be accessible to members of the research team.

The risks of this study are minimal and are consistent with receiving routine psychological treatment at this integrated healthcare center. There is no guarantee that you will get any benefit from taking part in this study. However, our willingness to participate may help integrated care providers better understand how to effectively treat patients in primary care.

Participation is voluntary. You may decide not to participate in this study and if you begin participation you may decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled. Having read the above and having had an opportunity to ask any questions, please sign below if you would like to participate in this research. A copy of this form will be given to you to retain for future reference. If you have any concerns about your selection or

treatment as a research participant, please contact Sherry May, IRB Administrator, Office of Sponsored Programs, Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-1910.

_____

Participant's Signature Date

_____

Participant's Printed Name Date

_____

Researcher's Signature Date