

INFORMED CONSENT FOR eHEALTH RESEARCH PROJECT

Principal Investigators:

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Please review the conditions of consent and the information letter before the start of the interview and indicate if you consent to the interview below. If you do not, check it off, you are indicating you are not consenting to the interview.

Please email your completed consent form and quotations form back to the interviewer before the start of the interview.

_____ Participant Name
_____ Participant Signature
_____ Date

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Yes, I have read the terms and agree to participate in the interview

When you check, "Yes, I have read the terms and agree to participate in the interview", you agree that:

- You have had sufficient time to make an informed decision to participate in this study, as well as an opportunity to ask any questions, which have been answered to your satisfaction.
- You understand what the research is about and what you will be asked to do.
- You understand you are free to withdraw at any point before, during, or after the study, and that it will have no implications now or in the future.
- You understand your data is being collected and stored confidentially.
- You have read and understood the potential risks and benefits.
- You have read the Information Letter and Informed Consent form and agree to participate in this research.
- You are aware there is a copy of this Information Letter and Informed Consent Form available for your download.

