



## CONSENT TO PARTICIPATE IN RESEARCH

The Community Chronic Care Network (CCCN) has been funded by the Agency for Healthcare Research and Quality (AHRQ) to conduct research on the implementation of a communitywide electronic diabetes registry. The research component of this Project is to study the various factors influencing the adoption of an electronic registry in a wide variety of clinical settings and to test methods of overcoming obstacles to adoption. As a representative of the CCCN, I would like to invite you as a user of the diabetes registry to take part in the research component of the Santa Cruz Diabetes Registry Project.

If you agree to take part in this research you may be asked to participate in one or more of the modes of data and information collection specified below.

- Pre and post training survey (5 minutes written survey before and after training)
- User Groups (1-hour discussion group)
- Annual user survey (15-minute online survey in October '05, '06 & '07)
- Annual stakeholder interview (30-minute interview in October '05, '06 & '07)

There are no known risks nor direct personal benefits to you from taking part in this research. No information that could identify you individually will be used in any CCCN reports. This includes reports to CCCN staff and committees; reports to AHRQ, and any research reports published in any format including on the internet.

No names appear on the training and annual user surveys. User Group and interview notes will not include any names. All of the completed survey tools and notes will be stored in a locked file and shredded at the end of the research. Sign-in sheets will be kept in a separate locked location. Electronic databases and spreadsheets will be password protected. Only authorized project staff will be given the password.

Your participation in the research components of the Diabetes Registry project is voluntary. You are free to refuse to take part. You may refuse to answer any questions and may stop taking part in the study at any time. Whether or not you choose to take part in the research will have no bearing on your job or your use of the CCCN diabetes registry tool.

If you have any questions about this research, please contact Eleanor Littman, Project Manager at 831-471-7871 or [eleanor.littman@chroniccarenetwork.org](mailto:eleanor.littman@chroniccarenetwork.org). If you have any question regarding your rights as a participant in the research components of this project, please contact Applied Survey Research at 408-944-0606 or [debbie@appliedsurveyresearch.org](mailto:debbie@appliedsurveyresearch.org).

If you agree to take part in the research, please sign the form below. Please keep the other copy of this agreement for your future reference.

I have read this consent form and I agree to take part in the research components of the CCCN Diabetes Registry.

Printed Name \_\_\_\_\_ Clinic/Office \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_