



Medical Monitoring Project (MMP) Statement of Informed Consent

You have been picked at random to take part in this project because you live or have lived in California and are living with HIV. Taking part in this project is up to you. You can choose to participate or not to participate. You don't have to be in the project if you don't want to be. **If you do choose to be part of this project, you are free to change your mind and quit at any time. Your choice will not affect the care or services you get.** *[If currently incarcerated: Taking part in this project will not affect your parole.]*



Why we are doing this project

The California Department of Public Health and the Centers for Disease Control and Prevention (CDC) are doing this project to learn more about the experiences of people living with HIV, including the services they use and need. This information will help improve programs that keep people healthy and get them the help they need.



What we will need from you

This is a two-part project. If you choose to be in this project:

- **We will ask you questions about your health. It will take about 1 hour.** We will ask about medical and social services, sexual practices, drug and alcohol use and your ability to work and take care of yourself. **You do not have to answer any questions that you do not want to answer.**
- **We will also review your medical records related to your HIV.** This includes medicines you are taking, lab test results, and care visits you have had.

If we need more information, a staff member may contact you later. A small number of interviews and medical record reviews will be observed by supervisors to give feedback to MMP staff on their work.

What you can expect from us



We protect your privacy. All information you give us will be private and confidential. **To keep your information private, we do not record your name or other personal information on the interview or medical record review. Instead, we will assign a code number to your answers and any information from your medical records. All project materials are kept in a locked cabinet or secure computer.**

We send the answers and medical information to CDC, but we don't send them your name or any information that identifies you. We don't send CDC any information that could trace back to you. Federal law protects the confidentiality of information kept at CDC.

In any reporting, we will group your answers with answers from other people who take part in this project so that no one will know your answers.

Token of appreciation

You will receive a \$50 gift card as a token of appreciation for taking part in the project if you answer the questions and let us review your medical records.



Things to consider



- There is no cost to you (other than your time and effort) for being in this project.
- You may receive a copy of this form, upon request, for your records.
- If you like, we can give you information about where to get medical and social services.
- **There are no direct benefits from being in this project. However, the information you give us can help us improve services for people living with HIV in California.**
- **Some of the questions may make you feel uncomfortable or may be too personal. Remember: You don't have to answer any questions you don't wish to answer.**

Questions?

Do you have any questions about this project or your token of appreciation?

If you'd like to talk to the Principal Investigator for California MMP please contact:

- Marisa Ramos at (916) 419-5905

If you have any questions about your rights and how the project works across the country, please contact

- CDC at 1-404-639-6475. Please leave a brief message letting us know how to contact you. Say that you are calling in reference to the Medical Monitoring Project. Someone will return your call as soon as possible.

Participant's Consent Statement

I agree to take part in the project described here. I have read the statement and understand the statement. The interviewer answered all of my questions. I understand that my participation is completely voluntary.

MMP PARID

Date

Signature of Interviewer

Date