

GUIDANCE NOTE AND TEMPLATE FOR CONSENT TO CONTACT PROSPECTIVE RESEARCH SUBJECTS

The B.C. Freedom of Information and Protection of Privacy Act, under Section 35, permits the disclosure of information obtained for one purpose only if “the information is disclosed on condition that it not be used for the purpose of contacting a person to participate in the research”. Therefore the Fraser Health Authority does not permit FH researchers to use FH medical records to obtain contact information from FH patients/clients for recruitment purposes. The FH Policy on “The Collection, Use and Disclosure of Personal Information for Research-related Purposes” states the following:

3.8 Limiting Use and Disclosure

a. Disclosure for Recruitment

The disclosure of individuals’ identities for the purpose of contact to invite participation into a research study (i.e. research recruitment) is prohibited. Without prior consent-to-contact, researchers shall not obtain data from care providers for this purpose. FH Researchers shall not obtain the names of the potential research subjects from other public bodies or from patient care providers at FH without pre-authorized consent to contact. Consent authority belongs to the individual only.

4.2.1 Obtaining Consent to Contact

The FH “Consent-to-Contact For Research Form” shall be used by any FH researchers who may be interested in recruiting subjects for future research.

The consent-to-contact form does not require FH REB approval, but must be included with any initial application of ethical approval for any specific study wherein that form would/will be used.

In order to assist FH researchers to obtain contact information, the ‘consent to contact’ form [see page 2] has been designed as a template.

This form is intended for use only for FH researchers; any consent to contact form that refers to research conducted under the auspices of the Fraser Health Authority must not be used as a recruitment tool for non-FH researchers.

TEMPLATE FOR CONSENT TO CONTACT FORM

[INCLUDE FRASER HEALTH LETTERHEAD]

[Identify the FH Research Site, e.g. Surrey Memorial Hospital, Langley Public Health Unit]

CONSENT TO CONTACT FOR FUTURE PARTICIPATION IN RESEARCH

The Fraser Health Authority includes research scientists and physicians who conduct research in their area of interest at Hospitals and community sites within the Fraser Health. We are interested in contacting patients who have used our services in order to ask if they would be interested in participating in any of our research projects. We would like your permission for a person from our [research] staff to contact you at some future time. [This paragraph may be revised to meet the needs of individual research areas].

The information you provide will be used exclusively to maintain contact with you for this reason and in the manner described below. Filling out this form is entirely voluntary:

- You do not need to complete this form if you do not wish to be contacted.
- If you do check the 'NO' box to indicate that you do not wish to be contacted, you may change your mind at any time.
- If you do agree to be contacted, you may change your mind at any time without affecting any support or treatment you receive from Fraser Health.

All information you provide will be kept confidential and will not be used for any other purpose than to contact you to inform you about an upcoming research study that you might be interested in participating in.

1. Do you wish to be contacted? YES NO

If YES, please indicate how you would like to be contacted by checking the appropriate boxes below. [This section may be modified to meet the needs of individual FH research areas]

a. Do you wish to be contacted by regular mail? Yes No *If yes, please provide your mailing address:*

Street _____ City _____ Postal Code _____

b. Do you wish to be contacted by phone? Yes No



Phone # _____ *Check (✓) if it ok to leave message*

c. Do you wish to be contacted by email ? Yes No

Email address _____

By signing I confirm that I have read and understand this consent-to-contact form. I also understand that I can refuse to be contacted by research personnel and this will not affect my care in any way.

I hereby give consent for Fraser Health [INSERT NAME OF RESEARCH UNIT] to contact me for the purposes indicated above, within the <24 month period> from the date of signing this consent:

Name (please print) _____

Signature _____

Date _____