



**RECORD OF CONSENT FORM Health Benefits Survey– PATIENTS (EASY READ)**

**Study Title:** Evaluating video and hybrid group consultations

This is a record of written consent. Please keep this copy safe. For details about contacting the research team or to lodge a complaint, please see the participant information leaflet.

|   |     |  |
|---|-----|--|
| 1. I confirm that I have read the information sheet dated ..... (version .....) for this study. I have had time to think about the information, ask questions and get the answers I needed. | YES |  |
|   | NO  |  |
| 2. I understand that I do not have to take part and can stop at any time. I do not have to give a reason for stopping.  | YES |  |
|   | NO  |  |

|   |     |  |
|---|-----|--|
| 3. I agree to complete a health-related quality of life and a satisfaction questionnaire  | YES |  |
|   | NO  |  |
| 4. I understand that relevant sections of my medical notes (held by my general practice) and data on how I use healthcare services (held by NHS Digital/NHS Central Register) may be accessed by the researchers where relevant to the research. I give permission for the researchers to access this data. | YES |  |
|   | NO  |  |
| 5. I understand that appropriate people from the University of Oxford and regulators can check the information about me to see if the researchers are keeping my information correctly. I give permission for these individuals to access my records.   | YES |  |
|   | NO  |  |

|                                       |     |  |
|---------------------------------------|-----|--|
| 6. I agree to take part in this study | YES |  |
|                                       | NO  |  |

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Person taking Consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

*\*1 copy for participant; 1 copy for researcher site file kept in secure lockers at the University of Oxford.*