**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.

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| --- | --- | --- |
| 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 |  |
| 1. 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 |  |

|  |  |  |
| --- | --- | --- |
| 1. 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 |  |

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| *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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.*