

**CONSENT TO PARTICIPATE IN THE
HEALTH INSURANCE LITERACY ACADEMY PROJECT:
CIL STAFF TRAINING**

Introduction: You are being asked to participate in the Health Insurance Literacy Academy Project (HILA Project) online training. You are being asked to participate in this project because you are a staff member at a Center for Independent Living (CIL) and provide services to clients with disabilities.

Purpose: The purpose of the HILA Project online training is to develop and evaluate a training program that trains CIL staff on how to provide up-to-date and easily understood information to clients with disabilities when clients are making public and/or private health insurance selections. Health insurance plays a big role in being able to receive health care, but making health insurance decisions can be complicated.

Description & Duration: If you agree to participate in the study, we'll ask you to fill out an evaluation form about what you thought of the HILA training and how much you learned. It will take about ten minutes to fill out the evaluation form. If you agree to it, we'll send you a survey in about six months to see if you've provided health insurance information to your clients and what your clients thought about it. The follow-up will take about 10 minutes to complete.

Privacy and Confidentiality: The information you provide will be strictly confidential and never connected to you. Other people will not know if you are in this study or what you have said. We will put information we learn from you together with information we learn from other CIL staff in the study. No one will be able to tell what information came from you. When we tell other people about this research, we will never use your name, and no one will ever know what answers you gave. Only a few researchers will have access to this information, and all information will be stored safely and destroyed under the care of the lead researcher.

Voluntary: Your participation in the HILA training session is completely voluntary. If you don't want to be in the study, that's OK. If you want to be in the study now and change your mind later, that's OK too. If you agree to participate, you can decide not to answer any question in the HILA Training Evaluation form and can stop at any time. If you do choose to participate, please answer the questions about the training honestly and openly, so that we can understand your experiences and work on improving the training. You can also stop participating in the HILA training event at any time. HILA Project staff will be available during the training event if you want to talk about stopping your participation or if you feel uncomfortable later you can reach the Project Director, Dr. Charles Drum, or other HILA staff at the numbers listed below.

Risks and Benefits: There is no special risk to participating in the study, but it is possible that you become bored or mentally tired during the training session. Your participation may improve future HILA training events for others, it may increase your knowledge on how to provide services to your clients on health insurance, and it may improve the choices your clients make regarding health insurance.

Questions and Concerns: If you have any questions or concerns about the study, you can ask the HILA Project staff at this training event or you can contact Charles E. Drum, MPA, JD, PhD, Principal Investigator and Director of the HILA Project and Director of the Nation Center on Research, Knowledge Translation, and Dissemination at the American Association on Health and Disability, office: (301) 545-6140, direct line: (928) 641-4304, cell phone: (503) 545-8023, or at cdrum@aahd.us, to discuss questions and concerns with Dr. Drum.

HILA Training Consent

I have read the above information about the Health Insurance Literacy Academy Project and have been given an opportunity to ask questions. I have read and fully understand the purpose of the study and the risks and benefits it presents to me as stated above. I agree to participate in this study. I have been given a signed copy of this consent document for my records.

Participant Signature

Date

Participant Printed Name

Thank you for your participation in the HILA Project.

HILA Training Follow-Up Consent

I have read the above information about the Health Insurance Literacy Academy Project, and have been given an opportunity to ask questions. I have read and fully understand the purpose of the study and the risks and benefits it presents to me as stated above. I agree to participate in this study and I agree that the project may follow-up with me approximately six months after participating in the HILA training. I understand that my follow-up responses will be kept separate from my contact information. I have been given a signed copy of this consent document for my records.

Participant Signature

Date

Participant Printed Name

Thank you for your participation in the HILA Project.

HILA Training Follow-Up Contact Information

I have agreed to participate in a brief follow-up survey to see if I have provided health insurance information to my clients and what my clients thought about the information.

Choose Preferred Contact Method

The follow-up survey should be emailed to me at: _____

OR

The follow-up survey should be mailed to be at: _____

Thank you for your participation in the HILA Project.