



Medical Monitoring Project (MMP)

Statement of Informed Consent

We chose you for this project because you are living with HIV. Taking part in this project is up to you. You can choose to participate or not to participate. If you decide to take part, you may leave the project at any time. Your choice will not affect the care or services you get.



Why we are doing this project

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



What we will need from you

If you choose to be in this project, we will

- ask you questions
- look at your medical records

The questions

Answering the questions will take about 1 hour. You don't have to answer any question you don't want to answer.

The questions ask about your

- medical past
- use of medical and social services
- sex practices
- use of drugs and alcohol
- ability to work and take care of yourself

If we need more information, a staff member may contact you later.

Your medical records

We will also look at your medical records to collect information about your medical history, including your HIV care. This includes

- medicines you are taking
- clinic visits
- lab test results

Token of appreciation

You will receive \$50 as a token of appreciation for taking part in the project, if you answer the questions and let us review your medical records. If you later choose to leave the project, you may keep the money.





What you can expect from us

Privacy

We protect your privacy. We send information from this project to CDC, but we don't send your name or any information that can identify you or be traced back to you. Your answers and medical record information are private and confidential, as much as the law allows. A code number will be assigned to your answers and your medical record information. The answers and medical record information from all participants will be grouped together, so that no one will know which information came from you. All project materials are kept in a locked cabinet or secure computer. Federal law protects the confidentiality of information kept at CDC.



Things to consider

- Supervisors will observe a small number of interviews and medical record reviews to give feedback to MMP staff on their work.
- There is no cost to you (other than your time and effort) for being in this project.
- 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 available to other people living with HIV.
- 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.

If you have questions

About this project or your token of appreciation, please

- ask the interviewer
- call Margaret Vaaler (Principal Investigator) at 512-560-1079, or Nallely Trejo (Project Coordinator) at 512-289-2986.
- TX DSHS Institutional Review Board (IRB) at 1-888-777-5037.
- CDC at 1-404-639-6475.

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 my decision.

Signature or initials of Participant

Date

Signature of Interviewer

Date

