

**“Exploring HIV Prevention Communication Among Black Men Who Have Sex with Men in New York City: Project BROTHA”**

0920-XXXX

## **Attachment 4a. Participant Consent Form**



**HUNTER**  
The City University of New York



## CONSENT TO SERVE AS A PARTICIPANT IN A RESEARCH PROJECT

EXPLORING HIV PREVENTION COMMUNICATION AMONG  
BLACK MEN WHO HAVE SEX WITH MEN IN NEW YORK CITY.

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Flesch-Kincaid Reading Level: 8.8

### **Purpose and background**

Kingsborough Community College along with the staff at GMAD (Gay Men of African Descent) and the researchers at the Center for HIV/AIDS Educational Studies & Training (C.H.E.S.T.) of Hunter College are working together on a study to understand how men who have sex with men communicate about HIV prevention and testing with each other. We are asking you to join this study because you have identified yourself as a man who has sex with men. Please ask questions if there is anything you do not understand as we review this consent. We will give you a signed copy of this consent form.

### **Procedures**

If you decide to participate in this study the following will occur:

1. You will complete a computer survey. This will include questions about HIV prevention, HIV testing, substance use, and sexual behaviors. This survey will last about 45 minutes.
2. Next, a project staff person will interview you. This will be tape recorded, with your permission. She/he will ask you questions about your thoughts regarding HIV prevention and testing. This will last about 75 minutes.
3. In total, this will take about 2 hours. At the end, we will give you a \$60.00 token of appreciation.
4. **If you are one of the first 100 study participants, you will receive two cards with a special code linked to you to give to two other men in your social circle to encourage them to be a part of this study. For every man who completes the study based on your referral, you will receive a \$20 money order or check in the mail to the address that you provided us. The research assistant will notify you prior to participation if you are one of the first 100 participation and will be eligible to recruit your friends and peers.**

### **Security**

We will protect your data security to the extent allowed by law. We will assign you a unique study number. Your study materials will only be labeled with your study number. A list with your name and study number will be kept in a locked file cabinet and password protected computer. Only the study staff from CHEST will have access to this list. This list will be destroyed once the study is completed.

Your research records may be reviewed by people who are authorized to monitor this study. This may include the Institutional Review Board (the committee that oversees all research) at Kingsborough Community College, Hunter College and CDC project staff during site visits. There are certain legal limits to data security. If you reveal suicidal or homicidal feelings or that a child or elderly person is the victim of abuse, we may have to take action to protect others and yourself. This could include notifying the proper authorities.

Only the research team and people typing-up the audio tapes for research purposes will listen to the audiotapes. The tapes will only include your research identification number and not your name. We will destroy the tapes once the study is completed. We will keep other study materials for a maximum of three years after the end of this study. We will not reveal your identity when we share the results from this study.

### **Risks/Benefits**

There are no major risks to you by taking part in this study. It is possible you may feel uneasy with some sensitive questions, such as your sexual behaviors and use of recreational drugs. You can decline to answer any question. You can also stop the interview or computer survey at any time. You may ask to continue another time if you find the interview tiring. You may ask to speak with clinical staff person from CHEST or GMAD if any of the questions cause you distress.

There are no direct benefits from joining this study. Some people may enjoy sharing their thoughts and helping researchers conduct studies to improve the lives of men who have sex with men.

Referrals to outside agencies that provide services to men who have sex with men are available and may be provided to you.

### **Other information**

- We may end your participation for the following reasons:

1. Unstable psychiatric conditions or cognitive impairments which would interfere with your participation.
2. Difficulty understanding English.
3. If we feel it is in your best interest to discontinue to participation.

If you should have any questions about your rights as a research participant, or to report a research-related injury, you may call:

Dr. Carmen Rodriguez, IRB Administrator in the Office of the Associate Dean for Academic Affairs at Kingsborough Community College, at (718) 368-5029 or via email at [irb@kbcc.cuny.edu](mailto:irb@kbcc.cuny.edu) .

If you have concerns or questions about the conduct of this research project you may call:

Dr. Jose Nanin  
Assistant Professor of Health, Physical Education & Recreation  
Kingsborough Community College (CUNY)  
2001 Oriental Boulevard  
Brooklyn, NY 11235  
718-368-5705

You have rights as a research volunteer. Taking part in this study is voluntary. If you do not take part, there will be no penalty nor will you lose any benefits. You may stop taking part in this study at any time, but you will receive compensation only for the time that you spend working on this study.

**Consent Statement**

**By signing this consent form, you agree to participate in this research project. The purpose, procedures to be used, and the potential risks and benefits of your participation have been explained to you in detail. You can refuse to participate or withdraw from this research project at any time without penalty. Refusal to participate in this study or withdrawal from this study will have no effect on any services you may otherwise be entitled to and from Kingsborough Community College (CUNY). You will be given a copy of this consent form.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**KINGSBOROUGH COMMUNITY COLLEGE OF THE CITY UNIVERSITY OF NEW YORK  
AUDIO TAPE RECORDING RELEASE CONSENT FORM**

As part of this project, an audio tape recording will be made during each assessment for transcription purposes. Only members of this research project will have access to the audiotapes. They will be kept in a separate and locked filing cabinet within the project director's office. The audiotapes will only be labeled with your study identification number and you will not be identified personally on the tape. If you should reveal any personally identifying information, it will be edited out during transcription.

**I have read the above description and give my consent to be audio recorded as indicated above.**

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witnesses' Signature \_\_\_\_\_ Date \_\_\_\_\_