

# Attachment D. DRAFT Consent Form for Consumer Research

## RESEARCH PARTICIPANT INFORMATION AND CONSENT FORM

**TITLE:** CONSUMER RESEARCH – HOSPITAL QUALITY MEASURES

**SPONSOR:** The Centers for Medicare & Medicaid Services (CMS)  
Baltimore, Maryland  
United States

**SITE(S):** TBD

### **Asking your permission to be in this research study**

Thank you for coming today. You are being asked to be in a research study. Please read the information below that tells about our research study. Be sure to ask if you have any questions. Then, if you are willing to participate in the study, please sign your name at the bottom and give the consent form back to us. We will give you a copy of the consent form to keep.

### **What is this study about, and what will you ask me to do?**

The Department of Health and Human Services (HHS) has a website that provides information about hospital services. This website, called *Hospital Compare*, provides information on how well hospitals care for their patients. When HHS puts information about hospitals on the website, they want to make sure that it makes sense and helps people when making decisions about hospital care. We're asking your help today to review some new information that will soon be on the website – we would like to hear your opinions about the information on the website.

### **Who is doing this study?**

This study is being conducted by L&M Policy Research (L&M), a health services research organization headquartered in Washington, DC. The study is funded by the Centers for Medicare & Medicaid Services (CMS). CMS is part of the U.S. Department of Health and Human Services (DHHS).

### **Will I be paid for my participation?**

You will be paid \$XX at the completion of the interview. If you choose to terminate the interview, you will still be paid.

### **Do I have to participate in this study?**

Your participation in this study is voluntary. You may decide not to participate or you may leave the study at any time. Your decision will not result in any penalty or loss of benefits to which you are entitled.

### **Will you be recording the discussion today?**

Yes. With your permission, we plan to audiotape and videotape the discussion. If you prefer that the session not be taped, please let us know. Giving your permission to be taped means that we may share the tapes and information from the discussion with our study colleagues at CMS. We may also reproduce what you say in other ways such as in reports and publications. When we share or reproduce information, however, we will be careful to never include your name. If a name is caught on tape, it will be erased before the tape or information is shared. The tapes will remain L&M property and will be destroyed one year after the end of the study.

**How will you protect my confidentiality?**

We will not use your name in connection with anything you say, and we will not give your name to anyone outside of the project.

**What if I want more information?**

- Please ask us today if you have any questions.
- If you have additional questions or concerns about this research study, please contact the director of the research project at L&M, Myra Tanamor, mtanamor@LMpolicyresearch.com, 202-230-9029, 5411 Nebraska Ave NW, Washington, DC 20015.

**Consent**

I have read the information in this consent form. All my questions about the study and my participation in it have been answered. I freely consent to be in this research study.

Your signature: \_\_\_\_\_

Today's date: \_\_\_\_\_

Please print your name: \_\_\_\_\_

Appointment time: \_\_\_\_\_

**PRA Disclosure Statement**

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