

# Consent Form

Kleimann Communication Group is working on a project for the US Department of Health and Human Services. We are not employees of any federal agency.

This project will collect information about notices of privacy practices. . We want to assure you that we will maintain the privacy of your identity and participation in this project.

This form is to inform you of your rights as you talk with us today. We want you to understand the following:

- Your participation is completely voluntary. You do not have to answer any questions you do not want to.
- You may stop participating at any time.
- Your answers and comments will be kept private and stored in locked offices. Your name or personal information will not be used in any report for this project.
- The interview will take no more than 90 minutes to complete.
- We are audio- and video-taping our session with you, but it is only so that we can review your comments and accurately describe them.
- Even if you sign this form, you can stop participating at any time.

If you agree to help us, please print your name, then sign and date this form below.

We thank you for your participation in this important project.

Your Name (please print): \_\_\_\_\_

Your Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_