ATTACHMENT 5

OMB#0925-XXXX Exp. Date: XX/XXXX

## **NKDEP Evaluation - Client Informed Consent**

## **INTRODUCTION & VERBAL CONSENT**

All information collected in this research will remain private under the Privacy Act. We will collect information on surveys and you'll be identified by a number only. If you agree to let us observe the Promotor/a deliver the education program to you, and if you agree to participate in an interview, we will take notes and audio record the interview so that we can create a report, and that data will be kept in locked cabinets, separated from your name in order to keep it secure. The information you provide will be grouped with data that others provide, and your name will not be used for any reason. Your voice and image will not be played to others besides the research team without your written permission.

Risks of your participation in our study are expected to be minimal; risks may include increased anxiety or emotional stress, as we'll be discussing the possibility that you might be at risk for kidney disease; or you might feel some discomfort talking about the topics. You are free to ask questions or withdraw from participation at any time and without penalty, and I can provide you with the lead investigator's contact information at any time upon your request.

Do you verbally consent to participate in this study?