

## INFORMED CONSENT FORM (NON-RECORDING)

### **What We're Doing**

We are evaluating **new web pages for the Social Security Administration Internet site**. We want to ensure that this site will be as easy to use as possible. We are not in any way evaluating you.

### **How We're Doing It**

As you use the new web pages for this web site, we will be collecting information about the way that you use the screens to accomplish your goal. As you advance through the screens, we will also ask for your feedback concerning the ease of use of the web pages. We will also ask you some background questions to get more information about how you use the Internet to do your Social Security business. We expect the evaluation will take approximately **XX** minutes. Some of the people responsible for creating this site may also be observing the evaluation.

### **What Happens to the Information We Collect?**

We will not collect any personally identifiable information from you during the evaluation. You will not be identified in any documents related to this effort.

We will only share your feedback and the results of the evaluation with the following:

- Team members responsible for creating and evaluating the usability of the new web pages.
- Management responsible for funding the project.

### **Risks**

Your Social Security benefits will not be affected in any way by your participation in this evaluation.

### **You Can Withdraw at Any Time**

You can withdraw from the evaluation at any time for any reason. If you decide to withdraw from the evaluation, please inform the evaluation monitor immediately.

### **Voluntary Consent**

By signing this form, you are saying that you have read this form. You are also saying that you understand the form and understand what we are asking you to do. The evaluation monitor should have answered any questions you have about this evaluation. If you have any questions later on, please contact the SSA User Experience Group at [User.Experience.Group@ssa.gov](mailto:User.Experience.Group@ssa.gov).

By signing below, you are telling us that you agree to participate in this evaluation. You will receive a copy of this form.

I, \_\_\_\_\_, have been informed of the purpose of and agree to participate in this evaluation.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_