

# HHS COVID-19 PUBLIC EDUCATION CAMPAIGN

A campaign to increase vaccine acceptance while reinforcing basic prevention measures



OMB Control No. #####-New  
Exp. MM/DD/YYYY

Please save a copy  
for your records.

## FOCUS GROUP PARTICIPANT CONSENT FORM

Study Title: COVID-19 Public Education Campaign Market Research

Telephone: 571-858-3757 (24 hours)

### What is the key information?

You are being asked to participate in a research study collecting information about your perceptions and behaviors related to COVID-19. This form describes the purpose, procedures, benefits, risks, and precautions of the information collection. It also describes your right to withdraw at any time. A member of the study staff is available to read through this form with you and discuss all the information if you wish.

This information collection is being done to help better inform researchers of the current public situation related to COVID-19.

### What do I need to know about this study?

If you agree to be part of the research study, then you will be asked to participate in a focus group where you will discuss your perceptions and behaviors related to COVID-19 and how it is affecting life in the country today. The focus group will last about 90 minutes and you will be audio and video recorded while you respond to questions. You do not have to answer any questions that you do not want to.

The session will also be livestreamed to other members of the project team and/or members of the sponsoring agency so they can observe remotely. People from the project team will take notes and listen, but they will not interact with the group. You will only be talking to the moderator and a small group of other participants.

### What are the potential risks of being in this study?

There are minimal risks associated with this project. There is a possible risk of breach of confidentiality. This risk is minimized by protections described in the "Who will see the results of this project or my information?" section below. Please help protect the privacy and confidentiality of others by not discussing anything from this session outside of the group. If you share stories about others during the group, please avoid using real names or other identifying information. The study staff will do its due diligence to remove any personally identifiable information from the transcripts of the session.

**Does participating in this project provide any benefits?**

This study is for research purposes only. Although you may not directly benefit from participating in this study, others may benefit because the findings of this study will be used to inform messaging and public education efforts pertaining to COVID-19.

**Are there alternatives to participating?**

This research study is for research purposes only. The only alternative is to not participate in this study.

**Will it cost me anything to participate in the project?**

There are no costs to participate in the project. Participants in the focus groups will receive \$75 for their participation. You will be paid at the end of your participation in this study.

**Do I have to be in this project?**

Your participation is voluntary, which means you can stop or withdraw at any time. You may choose to not participate, or you may withdraw from the study for any reason without penalty or loss of benefits to which you are otherwise entitled.

Your part in the research may stop at any time for any reason, such as if the sponsor decides to stop the study.

**Who will see the results of this project or my information?**

Everything you say during the focus group will be heard by the study staff. We will be very careful to only let people working on the project see your information. There is a small risk that others might find out what you say, despite all of our best efforts. In the case of a breach of confidentiality, appropriate steps will be taken to notify participants.

The focus group will be audio and video recorded and transcribed. The session will also be livestreamed to other members of the project team and/or members of the sponsoring agency so they can observe remotely. By signing this form, you consent to being audio and video-recorded and livestreamed during the focus group.

Your name and other personal information (for example, contact and demographic information) will not be linked to your responses and will not be shared with the sponsoring agency or distributed for future research studies. This means that no one outside of the project team will be able to link what you said back to you. The principal investigator, the sponsor or persons working on behalf of the sponsor, and under certain circumstances, the Institutional Review Board (IRB) will be able to inspect and copy confidential study-related records that identify you by name. This means that absolute confidentiality cannot be guaranteed. Everything you share will be kept private to the extent allowed by law. This means that we will not share anything you provide with anyone outside the project unless it is required to protect you, or if required by law. However, if you show a direct threat of harm to yourself or others, we have the right to take action out of concern for you and concern for others.

All of the information we collect, including anything you say in the focus group, information collected during screening, and audio files will be stored on a password-protected computer and/or in locked cabinets that only the project team can access. We will collect some personal

information from you, like your age and race, but we will not collect any information that could identify you personally. After 3 years, all of the collected information will be destroyed by securely shredding documents or permanently deleting electronic information. Results from this project might appear in professional journals or scientific conferences or shared with other project teams. No individual participants will be identified or linked to the results. We will not disclose your identity in any report or presentation.

**Whom to contact about this study:**

If you have questions, concerns or complaints about the study, please contact the principal investigator at the telephone number listed on the first page of this consent document.

An IRB is an independent committee established to help protect the rights of research subjects. If you have any questions about your rights as a research subject, and/or concerns or complaints regarding this research study, contact:

1. By mail:  
Study Subject Adviser BRANY IRB  
1981 Marcus Ave, Ste 210  
Lake Success, NY 11042
2. or call toll free: 516-318-6877
3. or by email: [info@brany.com](mailto:info@brany.com)
4. or by visiting this website: [www.branyirb.com/concerns-about-research](http://www.branyirb.com/concerns-about-research).

We recognize the topic of COVID-19 may bring up some discomfort. If you need any additional support, please contact one of the following.

Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Distress Helpline

- Call 1-800-985-5990
- Text TalkWithUs to 66746

Suicide Prevention Lifeline

- Call 1-800-273-8255
- Online chat: <https://suicidepreventionlifeline.org/> and click “Chat”

### Statement of Consent

Please mark one box and sign below. By signing this form, you have not waived any of your legal rights.

Yes , I agree to participate in this project. I have read, understand, and had time to consider all of the information above. My questions have been answered, and I have no further questions. I will receive a copy of this signed and dated consent document.

No, I do not agree to participate in this project. I have read, understand, and had time to consider all of the information above. My questions have been answered, and I have no further questions.

\_\_\_\_\_  
Subject's Printed Name

\_\_\_\_\_  
Subject's Signature

\_\_\_\_\_  
Date