

Parental Informed Consent and Assent

Chestnut Health Systems: Parent/Adult Informed Consent for Child's/Minor's to Participate in Research (10/18/21)

Title of the Project: Screen 4 Success (S4S)

Principal Investigator: Michael Dennis, Ph.D. (phone: 309-451-7801; email: mdennis@chestnut.org).

Mailing Address: 448 Wylie Drive, Normal, IL 61761

Thank you and your child for using the Screen 4 Success (S4S) app to complete a self-assessment and manage resources and information that may be able to help you or your child/minor.

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0316. Public reporting burden for this collection of information is estimated to average 0.04 hours per respondent per year, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57B, Rockville, Maryland, 20857.

INVITATION

You and your minor child (child under 18) are invited to participate in a study that shares **anonymous information** from the Screen4Success app. **The shared information will help researchers understand the behaviors and wellness of teens and adults who use the S4S app.** Approximately 100,000 individuals will take part in this study.

You and your child's/minor's participation in this study is voluntary. If you decide NOT to participate, it will not limit your ability to use the S4S app or other services.

A. WHAT IS THE PURPOSE OF THIS STUDY and HOW LONG WILL IT LAST?

The purpose of this study is to allow researchers to use anonymous data from many people to help understand the behavioral health and wellness needs of adolescents and adults. The research is ongoing with no end date.

B. WHAT WILL MY PARTICIPATION INVOLVE?

The S4S app directly provides *you and your child/minor* with tools to complete a self-assessment and manage resources and information that may be able to help you and

your child/minor. The S4S screener contains questions about your child/minor, their behaviors and attitudes on a variety of topics.

The anonymous information will only be shared with researchers if you agree (give consent) at the bottom of this form.

If you do not want to share your child's/minor's anonymous information, you are free to do so and please let us know by selecting the "Do Not Agree" box which declines consent at the bottom of this form. If you decide NOT to participate, it will not limit your ability to use the S4S app or other services.

If you decide to allow your child/minor participate, researchers will be allowed to use their answers they provided in the screener. The information will be anonymous and not contain their name or nickname, or anything that can identify them personally.

C. ARE THERE ANY BENEFITS?

Your child's/minor's participation in this research may benefit other people in the future by helping us learn more about the behavioral health and wellness needs of people like them. This may help improve services for all adolescents.

D. WILL I BE PAID FOR MY PARTICIPATION?

No.

E. ARE THERE ANY SIDE EFFECTS OR RISKS TO ME?

By participating in this study, you will be providing the research staff with personal information about their life without their name or other identifying information included. This is considered minimal risk research as their responses are combined with everyone else's responses and nicknames and identifiers are removed before allowing researchers to see it.

When reports are written, only averages or percentages across all participants are reported. Although it is possible that confidentiality could be broken, this is highly unlikely because everyone connected with the project is required to obey federal laws that protect the confidentiality of study participants. All data is stored on a secure server which is encrypted and protected by password.

F. HOW WILL MY PRIVACY BE PROTECTED AND WHO WILL USE MY HEALTH INFORMATION?

To protect your and your child's/minor's privacy, a nickname and/or ID was used to identify your child/minor. We will replace the identifier with an anonymous ID before sharing with anyone.

Individual responses are combined with everyone else's responses and nicknames and identifiers are removed before allowing researchers to see it. When reports are written, only percentages or averages across all participants are reported.

Electronic data is kept on a file server that is secure, encrypted and protected by password. Only authorized technical people are allowed access to the servers.

Data are kept indefinitely. All research staff involved in this study have completed the required training in protecting people and their privacy during a research study.

G. IS MY PERMISSION VOLUNTARY AND MAY I CHANGE MY MIND?

Your permission is voluntary.

You are completely free to decline to have your child/minor participate in this study. If you do decline to participate in the study, your child/minor can still obtain results, complete additional screeners, and share their results with you or others. A refusal to participate does not affect you or your child's/minor's eligibility for other services.

H. WHO SHOULD I CONTACT IF I HAVE QUESTIONS?

If you have any questions about this study at any time, contact the Principal Investigator, Michael Dennis, Ph.D. at 309-451-7801 or mdennis@chestnut.org

If you are not satisfied with the response of the research team, have more questions, or want to talk with someone about your rights as a research participant, contact the Chestnut Health Systems' Institutional Review Board Chair, Dr. Ralph Weisheit at (309) 451-7855.

I. PARENT CONSENT FOR YOUTH TO PARTICIPATE IN THIS STUDY

This study has been explained to me and I have been given information about how to ask questions concerning any and all aspects of the study. I am aware that I may refuse to allow my child/minor to participate in this study without penalty.

No researcher or other staff has said that the results will turn out in a particular way, and I know that agreeing to have my child/minor participate will not influence the results. Confidentiality of records related to my child's/minor's involvement in this study will be maintained in accordance with federal law. When required by law, the records of the research may be reviewed on an anonymous basis by applicable governmental agencies.

I hereby (Check one):

Agree to allow my child/minor to participate in the above-described research project **today only**.

Agree to allow my child/minor to participate in the above-described research project **for 24 months**.

Do not agree to allow my child/minor to participate in the above-described research project

I can download a copy of this consent form for my records. I understand that if I have questions concerning this research or have concerns as a result of my child's/minor's participation in this project, I can contact Dr. Michael Dennis at (309) 451-7801, or if I have questions about my child's/minor's rights as a research subject I can contact Dr. Ralph Weisheit, chair of Chestnut's Institutional Review Board for the protection of Human Participants at (309) 451-7855.

Name of Parent: _____

Electronic Signature of Parent _____

Date _____