

Focus Group Consent Form

You are being asked to participate in a focus group. This form describes the purpose, procedures, benefits, and risks of the focus group. It also describes your right to withdraw from this project at any time. A member of the project team is available to read through this form with you and discuss all the information if you wish.

- **Project Sponsor:** This project is sponsored by the Centers for Medicare and Medicaid Services (CMS).
- **Project Purpose:** The purpose of this project is to learn more about how people choose and work with health care providers.
- **Procedures:** You are being asked to participate in a focus group with 4-6 other people. The focus group will take place on the online platform Zoom. You will be sent a link and asked to enter only your first name when you join. The discussion will take about 90 minutes and a researcher will guide the group. Up to 120 participants will be enrolled. The discussion will be audio recorded. The audio recording will let the researcher focus on what you have to say instead of taking notes.
- **Cost to Participants and Compensation:** There is no cost to you for participating in this project; however, you will receive \$100 after completing the focus group. If you join late or leave the focus group before it has been completed, you will not receive this token of appreciation.
- **Benefits:** There are no direct benefits to you for being in the focus group, although you may find it interesting or learn something new. Your input will help the researchers learn more about how people choose and work with health care providers, as well as improve government health programs. Your thoughts and opinions are greatly valued and appreciated.
- **Discomforts and Risk:** The risks due to being in the focus group are small. There might be social consequences if what you say becomes known to others. However, this is very unlikely because we will store all data securely and will keep all information safe and private.
- **Voluntary Participation:** Your participation is voluntary. If you choose to take part in this project, you have the right to stop and/or not answer a question at any time.
- **Confidentiality:** Any information collected during the groups will stay private and will be kept in secure files. Although we will record the discussion, the audio recording will be transcribed and then erased. Names of participants will not be written down on paper transcripts—they will be kept separately in secure files.

Only the team working on this project will have access to your personal information. The final data that CMS will receive will not include any participant names and will be aggregated (grouped together with all responses) to ensure that your individual responses cannot be linked to your personal information.

- **Questions and Contact Information:** We will answer any questions you have about the focus group before you take part. The researcher carrying out this message testing project is _____. If you have questions later, you may contact _____. You will be given a copy of this form to keep.

If there is any part of this consent that you do not understand, ask a member of the project team before signing.

AUTHORIZATION:

I have read this form about the focus group project or it was read to me, and I understand the possible risk and benefits. I know that being in this focus group is voluntary and that I can stop at any time. I choose to be in this focus group. I have received a copy of this consent form.

Signature: _____

Print Name (participant) _____ Date _____