



COOK COUNTY HEALTH

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THIS IS A SHORT FORM WRITTEN CONSENT DOCUMENT
FOR RESEARCH PARTICIPANTS WHO SPEAK _____

THIS DOCUMENT MUST BE WRITTEN IN A LANGUAGE
UNDERSTANDABLE TO THE RESEARCH PARTICIPANT

You are being asked to participate in a research study.

Before you agree, the investigator must tell you about (I) the purpose, procedures, duration of the research; (II) any experimental procedures; (III) any foreseeable risks, discomforts, and benefits of research; (IV) any potential alternative procedures or treatments; and (V) how confidentiality will be maintained.

The investigator must also tell you about (I) any available compensation or medical treatment if injury occurs; (II) the possibility of unforeseeable risks; (III) circumstances when the investigator may halt your participation; (IV) any added costs to you; (V) what happens if you decide to stop participating; (VI) when you will be told about new findings which may affect your willingness to participate; and (VII) how many people will be in the study.

If you agree to participate, you must be given a signed copy of this document and a written summary of the research.

You may contact (name of investigator) _____ at (phone number) _____ any time you have questions about the research.

You can contact the **Cook County Health Institutional Review Board** at (312) 864-4821, during working hours, if you have questions about your rights as a research participant.

Your participation in this research is voluntary, and you will not be penalized or lose benefits if you refuse to participate or decide to stop.

Signing this document means that the research study, including the above information, has been explained to you orally and that you voluntarily agree to participate.

Name of research participant Signature of research participant Date

Name of witness Signature of witness Date

*The witness can be the interpreter, unless the interpreter is also the person obtaining consent.