

NEIGHBORHOOD HEALTHCARE
Consent to Participate in Cell Glucometer Project
CCI Innovation Project – March, 2014

Neighborhood Healthcare is conducting a grant-funded innovation project that seeks to identify any relationship between the use of cellular glucometers and health outcomes of diabetes patients. This project is not a scientific research study. My participation is voluntary I understand that I am free to stop the use of the cell glucometer at any time. If I decide not to participate at any time, my decision will in no way affect the care and services that I receive at Neighborhood Healthcare. *(initial)*____

I understand that the project is four weeks in length and that I may keep the cell glucometer at the end of that time. If I choose not to retain the glucometer, Neighborhood Healthcare will dispose of it on my behalf. The purpose of the project has been explained to me and I understand how to use the glucometer and set up notifications. *(initial)*____

I understand that cell glucometer data is transmitted over the AT&T network and subject to AT&T's privacy settings. *(initial)*____

I understand that data obtained within the course of the project will be part of my permanent medical record. *(initial)*____

I have been given the opportunity to ask any questions I wish regarding this project. *(initial)*____

Please write your name below and check yes or no. If you want to take part, sign your name at the bottom.

NAME _____

_____ Yes, I would like to take part in the cell glucometer innovation project.

_____ No, I would not like to participate in the cell glucometer innovation project.

Signature

Date

Witness