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| C:\Users\c3212931\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.MSO\99E8120A.png**Increasing the ease and quality mental health triaging using Online Mental Health Assessment (OMHA)**

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| **Consent for Participation in the Study** |
| I …(please put your name here ) have read and understand that the study will be conducted as described in the Information Statement, a copy of which I have retained.I have been made aware of the procedures involved in the study, including any known or expected inconvenience, risk, discomfort or potential side effect and of their implications as far as they are currently known by the researchers.I understand that duration of the phone interview will be recorded (please note that the phone interview will not be audio recorded) and I agree to this.I understand that my participation in this study will allow the researchers and others, as described in the Information Statement, to have access to my medical record, and I agree to this.I agree to participate in this study and understand that I can withdraw at any time without providing a reason.I understand that my personal information will remain confidential to the researchers.I have had the opportunity to have questions answered to my satisfaction.I hereby agree to participate in this research study.When you have read/ this information, a Research Assistant will assist you if you need further information or any clarification. If you would like to know more at any stage, please feel free to contact her on 02 4964 7000. |
| **I agree to participate in the research study. I understand the purpose and nature of this study and I am participating voluntarily. I understand that I can withdraw from the study at any time, without any penalty or consequences.**Yes No |
| **I grant permission for the data generated from this interview to be used in the researcher's publications on this topic.**YesNo |
| **I grant permission for the interview session to be recorded and saved for purpose of review by the researchers involved in this project** Yes No |
| **Please type your name in the box below to indicate agreement to participate in this study.** |

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