Sample Focus Group Participant Consent Form

The HIV Health Services Planning Council is doing a needs assessment. The information will be used to help improve HIV services in the metropolitan area. As part of that process, we are gathering information from people who may need or are receiving HIV-related services funded under the Ryan White HIV/AIDS Program, Part A, which is managed by the Department of Health.

This focus group will be audio recorded to help the team write the summary report. It will help us be sure that important points are not lost.

Your participation in the discussion is totally voluntary. We are very interested in your experiences and views, but you do not have to answer any question you do not wish to.

Your responses and comments will remain completely confidential. Information other than the summary report will not be seen by anyone except the needs assessment team. Your name will not be used or associated with any response. The team needs your name so we can provide your gift card and reimbursement for at the end of the session, but no one else needs to know it. Please introduce yourself using your first name or a nickname. You may make up a name just for today.

You may know some of the other participants. We ask you to agree not to share with anyone else either the identity of the other participants or any information about the views they expressed.

Signing below means that you agree to participate in the focus group, you allow us to audio record it, and you agree to keep everyone’s identity and individual views confidential.

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Signature Date