415 Main Street
Cambridge, MA 02142
T 617-714-7000
www.joincountmein.org

My full name below indicates:

- ❑ I have had enough time to read the consent and think about agreeing to participate in this study;
- ❑ I have had all of my questions answered to my satisfaction;
- ❑ I am willing to participate in this research study;
- ❑ I have been told that my participation is voluntary and if I decide not to participate it will have no impact on my medical care;
- ❑ I have been told that if I decide to participate now, I can decide to stop being in the study at any time.
- ❑ I acknowledge that a copy of the signed consent form will be sent to my email address

Your Full Name

_____

Date of Birth (mm/dd/yyyy)

_____