

# Informed Consent Form

Conducted by Harrison Gregg

Faculty Supervisors: John Myers, Aaron Williams, and James Jeffries

Bard College at Simon's Rock, Great Barrington, MA 01230

I have just started my senior year at Bard College at Simon's Rock. To graduate, all students must complete a Senior Thesis Project during their senior year. For my thesis, I will be creating a piece of software to be used by healthcare professionals. In developing this product, I would like to focus on performing user testing and maintaining close communication with the potential users in order to create helpful and intuitive software. I would like to start by gathering some information on potential users and a specific software idea. Thank you for your contribution to this project.

This questionnaire focuses on the role of technology in the interaction between patients and those providing psychiatric care. I ask that you answer questions with complete honesty, and in the case of open-ended questions, with as much detail as you feel comfortable doing. You are expected only to answer those questions that you feel comfortable answering.

This study will be conducted on a voluntary basis and we expect that the questionnaire will take you less than 20 minutes. You are not required to participate in this questionnaire, or to complete it once you have started. Your answers will be electronically recorded, and can be anonymous, if you desire. Before you begin, please read the statements below carefully. You must be a healthcare professional who provides mental health care to outpatients in order to participate in this questionnaire.

Individual responses will be seen only by the primary researcher and the faculty supervisors listed above, but select data may be included anonymously in academic or business related material.

You do not have to answer any questions you are not comfortable answering. We expect that you will be honest in your answers, and any information that you can provide will be appreciated, but you may choose to provide as much, or as little information as you are comfortable doing.

If at any time you wish to discontinue your participation in the survey, please feel free to exit the survey and your data will not be sent. For more information, please contact me or my faculty supervisors:

Harrison Gregg: [hgregg11@simons-rock.edu](mailto:hgregg11@simons-rock.edu)

John Myers: [johnm@simons-rock.edu](mailto:johnm@simons-rock.edu)

For concerns about the ethics of the study, you may contact the Human Research Review Committee via: Anne O' Dwyer: [aodwyer@simons-rock.edu](mailto:aodwyer@simons-rock.edu)

If, after your completion of the study, you would like to discuss any issues or concerns about the questionnaire or your responses to the questions, you may contact the researcher at the email address listed above. Contact information will also be provided upon completion of the questionnaire.

### **Participant Consent**

I certify that I am a healthcare professional who provides mental health care to outpatients. I understand that my participation in this study is voluntary and that my responses are confidential. I further understand that if at any time, for any reason, I wish to discontinue my participation in the questionnaire I may do so.

- ☐ I agree to participate
- ☐ I do not give my consent to participate