UNIVERSITY OF WISCONSIN-MADISON
Consent to Participate in Research and Authorization to Use Protected Health Information for Research

Title of the Study: Developing a landmark-based navigation system using augmented reality (AR) for people with low vision.

Principal Investigator: Yuhang Zhao | Phone: (607) 379-4767 | Email: yuhang.zhao@cs.wisc.edu

DESCRIPTION OF THE RESEARCH

You are invited to participate in a research study about how we can help visually impaired people navigate indoor and outdoors. You have been asked to participate because you fit the desired demographic, and you also showed interest and willingness to participate in this study. The purpose of this study is to explore how people with low visibility navigate indoor/outdoor and how our landmark-based navigation system using augmented reality (AR) can enable people with visual impairments to effectively navigate.

You will be audio and video taped during your participation in this research. Audio and video recordings in their original form will only be seen by the research team. Audio may be sent to a UW DoIT vetted service for transcription. Anonymized images or videos may be included in publications, academic presentations, and classrooms. The recordings will be retained indefinitely to be used in future research.

WHAT WILL MY PARTICIPATION INVOLVE?

If you decide to participate in this research, you will be asked to participate in an initial interview to gauge your experience with augmented reality and navigation. Then complete a navigation session where you will navigate several routes around campus alongside a researcher while wearing an augmented reality (AR) device. After each route you will be asked to answer a few questions about the route you just navigated and your experience with the augmented reality device. Lastly, a few exit interview questions will be asked. This study will take place in-person.

The study will involve a single session, lasting around two hours.

PROTECTED HEALTH INFORMATION (PHI) USED IN THIS STUDY:

Protected health information, also called PHI, is information about your physical or mental health that includes your name or other information that can identify you, like your date of birth or medical record number. To do this study, we will use the following kinds of PHI:

1. For those with low vision, information on your vision condition may have been accessed from your medical record to confirm you were eligible to participate in this study.
2. Things you tell the researchers about your health.

Your authorization for researchers to use your protected health information (PHI) will last until an indefinite date. However:

1. You can choose to take back your authorization for researchers to use your health information. You can do this at any time before or during your participation in the research.
2. If you take back your authorization, information that was already collected may still be used and shared with others, but the researchers will no longer be able to collect NEW information about you.
3. If you take back your authorization, you will not be able to take part in the research study.
4. To take back your authorization, you will need to tell the researchers by contacting the Principal Investigator Prof. Yuhang Zhao at 607-379-4767, or Email: yuhang.zhao@cs.wisc.edu.

ARE THERE ANY RISKS TO ME?

You may become fatigued or frustrated due to the length of the study. We will make sure that the study length does not exceed the maximum length stated above and will provide you with the opportunity to take breaks if needed. Please inform the experimenter if you feel fatigued or frustrated and would like to take a break. You can take as many breaks as you would like.

Participants may reveal personal, sensitive, or identifiable information when being observed during the navigation or system demonstration activities, and when responding to our open-ended questions. However, we will anonymize any form of Personal Identifiable Information (PII), Protected Health Information (PHI), or sensitive information in our publications. There is a small risk of breach of confidentiality. None of the information we collect for this study will go in your medical record. The researchers are not required to release health information to you if it is not part of your medical record.

Navigating an unfamiliar environment is challenging. We will make sure the experimenter stays with you at all times along the routes. At any time if you feel uncomfortable notify the experimenter and we will stop the navigation session.

ARE THERE ANY BENEFITS TO ME?

We don't expect any direct benefits to you from participation in this study.

WILL I BE COMPENSATED FOR MY PARTICIPATION?

You will receive compensation for participating at the rate of $20/hour and will be compensated up to $30 of commute fees. Receipts are needed to get transportation reimbursement.

HOW WILL MY CONFIDENTIALITY BE PROTECTED?

While there will probably be a publication and/or presentations as a result of this study, your name and other information that could identify you will not be used. If you participate in this study, we may quote you directly without using your name, and we may use anonymized images/videos in publications, academic presentations, and classrooms.

We have strict rules to protect your personal information and protected health information (PHI). We will limit the use and disclosure of your personal information to people who have a need to review this information. Federal or state laws may permit or require us to show information to university or government officials and to study sponsors responsible for monitoring this study. This includes University of Wisconsin and its representatives and affiliates, including those responsible for monitoring or ensuring compliance, such as the Human Research Protection Program. Authorizing the research team to use your PHI means that we can release it to the people or groups listed above for the purposes described in this form. Once your health information is released outside UW-Madison or UW Health it may not be protected by privacy laws and might be shared with others.

WHOM SHOULD I CONTACT IF I HAVE QUESTIONS?

You may ask any questions about the research at any time. If you have questions about the research after you leave today, you should contact the researcher on our team: Brianna Cochran at (304) 910-1777.

If you have any questions about your rights as a research participant or have complaints about the research study or study team, call the confidential research compliance line at

1-833-652-2506. Staff will work with you to address concerns about research participation and assist in resolving problems.

Your participation is completely voluntary. If you decide not to participate or to withdraw from the study, you may do so at any time. Any data collected throughout this study(e.g, interview responses,observation notes, video/audio recordings) will be anonymized and be retained for possible use in future research. Additionally, any of your contact information we collect from you will be retained separately from the rest of your data

Your oral consent indicates that you have had information about participating in this study read to you, had an opportunity to ask any questions about your participation in this research and voluntarily consent to participate. You will receive a copy of this form for your records through email after the study that will include an audio recording of this consent form and an electronic copy.

Oral consent

1. **What is your name and what is that date for today?**
2. **Do you agree to participate in this study?**
3. **Do you agree to be quoted directly in publications without your name?**
4. **Do you give authorization for your protected health information to be used and shared as described in this form?**