**VA Research Participation Consent**

**Session Description**

You are being asked to participate in a testing session on a website created by the Department of Veterans Affairs. By participating in this testing session, you will help the VA improve this website.

This session will take less than 1 hour. We'll ask you some questions and observe to ensure that the website is working as intended. We'll also capture your comments and actions using written notes and in some cases we might use audio and screen recording. If you don’t want us to record one of these things, you can say no. We won't use your name when we're presenting the results of this feedback session, but if errors do arise with your application and you would like the VA to follow up with you, then your contact information may be shared for those purposes.

You may quit the session at any time. If you need a break, just tell the moderator. If you have questions, go ahead and ask them whenever you like.

**Consent**

By initialing below and signing this form, I give my permission for the VA to use:

* Written notes of verbal statements (initial here \_\_\_\_\_\_)
* Recorded voice (initial here \_\_\_\_\_\_)
* Screen recording (initial here \_\_\_\_\_\_)

I understand that I may quit the session at any time. If I need a break at any time, I will tell the moderator. I agree to ask questions about the session if I don't understand something. If I have questions after the session is over, I can contact Desiree Turner at [desiree.turner@va.gov](mailto:desiree.turner@va.gov).

I expressly release the Department of Veterans Affairs from and against any and all claims, which I have or may have for invasion of privacy, defamation, or any other cause of action arising out of the production, distribution, display or publication of the results of the project, as the conditions described above are met.

By signing below, I indicate agreement with these terms above.

Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_