

Statement of Informed Consent for Health Promotion Survey

Purpose of the Project

The Multnomah County Health Department is surveying clients to learn about their health promotion needs. This project is funded by the National Association of City and County Health Officials (NACCHO) and is a joint project between the Health Department and a variety of community based groups.

What will you be asked to do?

If you decide to participate in this project, you will be asked to complete a survey. The survey is completely voluntary. You may skip any question that you do not want to answer.

Your services from the Health Department will not be affected in any way if you choose not to participate.

Who will have access to your information?

Because we are a local public health agency, by law we must protect all information about you. We will not give your identity, contact information, or any information about you to any outside parties.

Only Health Department staff members working on this project will see your survey. Your doctor and other clinic staff will not see your survey. We will not attach any of your survey answers to your name.

What are the risks?

Some of the questions may seem personal and you may be uncomfortable sharing this information with us. You can skip any question that you want.

What are the benefits?

By answering the survey questions, you will be helping the Health Department learn how to improve its services and health promotion activities.

What if you have questions?

If you have any questions about this project or the survey, please ask the staff person working with you today or you can call Noelle Wiggins. She is the manager of the Multnomah County Health Department’s Capacitation Center. Her phone number is 503-988-6250, extension 26646.

Informed Consent

Your signature below shows that:

- you have read and understand the information on this consent form or the information has been read aloud and explained to you;
- you agree to take part in this project;
- you know that you can skip any question you want; and
- you have received a copy of this consent for you to keep.

Signature

Date

Please print your name: _____