

**The OPTIMISE Study**

**PARTICIPANT CONSENT FORM**

**The University of Sydney and The eCentreClinic, Macquarie University**

1. I would like to participate in The OPTIMISE Study described in the Participant Information Statement.
2. I acknowledge that I have read the Participant Information Statement, which explains why I have been selected, the aims of the study, the nature of my participation and the possible risks and benefits; and the statement has been explained to my satisfaction.
3. I understand that during telephone calls, throughout the course of the research, I will be asked to give consent to have the telephone call recorded. Recording of telephone calls will always be optional and if I refuse consent I will still be able to participate in the research. If I give consent, I will always be informed when recording of the telephone call commences. I can withdraw my consent for the recording of the call at any time without affecting my ongoing participation in the research or my relationship with either the University of Sydney or Macquarie University.
4. Before giving my consent, I have been given the opportunity of asking any questions relating to any possible physical or mental harm I might suffer as a result of my participation and I have received satisfactory answers.
5. I understand that I can withdraw from the study at any time, without affecting my relationship with my GP or the researchers at either the University of Sydney or Macquarie University, now or in the future.
6. I agree that research data gathered from the results may be published, provided that I cannot be identified.
7. I give consent to the researchers to access my GP's medical notes to confirm the diagnosis of my medical conditions. Yes/No
8. I give consent to the researchers to access my Department of Human Services information for the period of my involvement in the research. These records will include my Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) claims. That information includes the total cost identified by Medicare for the provision of my health care services, including doctor's visits, blood and radiology tests, medications etc. It also includes the types of services and medications, scrambled provider numbers and dates of services and supplies. I will be asked to sign a specific consent form from the Department of Human Services which the researchers will post out to me for signing and will include a postage paid return envelope. Yes/No

9. I understand that if I have any questions relating to my participation in this research, I may contact Jennifer Read by email at [optimise@psych.usyd.edu.au](mailto:optimise@psych.usyd.edu.au) or by telephone on (02) 9351 4257 or 0424 517 648 and she will be happy to answer them.

Any person with concerns or complaints about the conduct of a research study can contact The Manager, Human Ethics Administration, University of Sydney on +61 2 8627 8176 (Telephone); +61 2 8627 8177 (Facsimile) or [ro.humanethics@sydney.edu.au](mailto:ro.humanethics@sydney.edu.au) (Email).