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# UNIVERSITY

*Of*

OTAGO

*Te Whare Wänanga o Otago*

Department of Psychological Medicine

**Clinical Research Unit**

Terrace House

4 Oxford Tce

Christchurch

**Telephone:** 03 372 6700

**Email**: bridget.kimber@otago.ac.nz or hayley.wells@otago.ac.nz (Research Nurses)

**Tele-therapy for Mood Disorders**

*Consent Form*

I have been invited to take part in a study investigating the effectiveness of a psychological intervention delivered via video-conference. This research is being led by Prof Marie Crowe (marie.crowe@otago.ac.nz) at the Department of Psychological Medicine, University of Otago, Christchurch.

* I have read and understood the Information Sheet for ‘Tele-therapy for Mood Disorders’, dated ….
* I have had my questions about the study answered
* I know who to contact if I have any questions about the study

**I understand:**

* That my taking part in the study is voluntary (my choice).
* That I may withdraw from the study at any time, without this affecting my ability to access usual medical care
* That I will be randomly allocated into one of two groups: 1) Interpersonal and Social Rhythm Therapy or 2) Patient-directed Psychoeducation – which means I will receive one intervention over 30 weeks.
* That I will complete questionnaires which will ask about mental health symptoms and general functioning multiple times over the course of the study.
* I will be interviewed about my experience of participating in the study.
* How the data will be stored.
* The results of the study will be published.
* That every effort will be made to preserve my anonymity.
* That this study has received ethical approval from the New Zealand Health and Disability Ethics Committee.
* That anonymised data may be shared with other research groups if requested.

|  |  |  |
| --- | --- | --- |
| I consent to my therapy sessions being delivered via Zoom (or other tele-conference platform) | YES | NO |
| I consent to assessments and interviews via Zoom (or other tele-conference platform). | YES | NO |
| I consent to the study staff contacting my GP to advise of my participation in the study, and to collect and provide health information. | YES | NO |
| I consent to anonymised information I provide for this study being used in other related research.  | YES | NO |
| If I withdraw from the study, I agree that information collected about me to the point where I withdraw may continue to be analysed. | YES | NO |
| I consent to being approached to take part in future studies | YES | NO |
| I wish to receive a copy of the results of this study. I understand that there will be a significant delay between the information I provide and receiving the results.*If YES, please provide e-mail address: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | YES | NO |

|  |  |  |
| --- | --- | --- |
| I, |  | Hereby consent to take part in this study |

 (print full name)

|  |  |
| --- | --- |
| Study Participant’s Signature: |  |

 (sign here)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: |  |  | Telephone: |  |

In my opinion, consent was freely given and the participant understands what is involved in this study.

|  |  |
| --- | --- |
| Study Investigator’s Name: |  |

 (print full name)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Study Investigator’s Signature: |  |  | Date: |  |

 (sign here)