[LOGO]

**FOCUS GROUP INFORMED CONSENT**

[PROJECT TITLE]

**Investigators**

NAME, CREDENTIALS

TITLE, ORGANIZATION

Tel:

Email:

NAME, CREDENTIALS

TITLE, ORGANIZATION

Tel:

Email:

**Purpose of the Project**

The purpose of this research is to study the most appropriate technology methods for Chinese and Vietnamese patients to improve access to hepatitis B screening at [RESEARCH SITE]. We ask you to take part in this study because you are Chinese or Vietnamese over 18 years old and a patient of [RESEARCH SITE]. Your participation in the study will help to develop a plan that will use technology to improve hepatitis B services at [RESEARCH SITE].

**Explanation of the Study**

If you agree to participate in this study, you will be asked to do the following:

* You will watch two health education videos about hepatitis B. It will take no longer than 23 minutes to watch both videos.
* Talk about what you think of the videos.
* You will be asked to fill out a brief survey for each video. The survey will ask about what you think of the videos.
* You will be asked to fill out a short survey about your age, race/ethnicity, job, and income. You do not have to answer any questions you do not want to answer.
* You will be with 3-7 other people, including a meeting organizer.
* A focus group assistant/observer will also be there during the discussion.
* The focus group session will last approximately 60-90 minutes.
* The focus group discussion will take place in a private room.
* The discussion will be audiotaped and written on paper. You will have the option to review transcripts OR to listen to the tape of the focus group and request removal of any of your comments, if you choose. All audio recordings will be erased when the study is over.
* You will receive a $20 gift card for your participation in the study.

**Confidentiality**

In order to protect you, any information collected in this study will stay private. Any information about you will be removed or disguised prior to developing any written materials for the public. All research materials will be kept in a locked office at [RESEARCH SITE]. All electronic data will be kept in a password-protected document on a password-protected computer in the office at [RESEARCH SITE]. All focus groups will be in a private room.

**Risks and Discomforts**

Your identity as a participant will not be told to people other than the investigators listed below. Researchers cannot guarantee that other people in the focus group will not share information outside the group, but everyone will be asked not to. We do not think that being in this study will harm you in any way beyond what you do in everyday life. You do not have to answer any questions you do not want to answer.

**Benefits**

The results from this study will help improve hepatitis B screening and care, and services at [RESEARCH SITE].

**Freedom to Withdraw Participation**

Being in this study is voluntary. You may stop being in this study at any time prior to, during, or after the focus group, without penalty. If you withdraw from the study during the focus group we cannot use your data. Your care at [RESEARCH SITE] will not be affected if you decide not to be in the study or stop being in the study.

**Contact Information**

If you have concerns about this study or would like to have a copy of the results after we have completed the project, please contact INVESTIGATOR at NUMBER. You can also contact Dr. Rosy Chang Weir, Chair of the Association of Asian Pacific Community Health Organizations Community Institutional Review Board ([NUMBER] or [EMAIL]) if you have concerns about this study.

Please send questions or inquiries to NAME at NUMBER or by email at EMAIL. For support in Vietnamese, please contact NAME at NUMBER. For support in Chinese, please contact NAME at NUMBER.

**Your signature below shows that you understand the above and agree to participate in this focus group discussion. You have been given a copy of this consent form to keep.**

Please print your name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please sign your name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_