# **Personal Medication History Interface Study Consent Form**

# **Purpose of this Study**

We are inviting students to use a different computer interfaces for accessing medication history information. Our purpose is to develop computer interfaces that will help seniors be able to better manage themselves as well as to share management of their medication history with their caregivers and medical professionals. You will help us understand which interfaces perform the best for what purposes.

# What Will Happen During the Study

Participation in this study is estimated to take on average about 30 minutes of your time, in a single session. The session will be scheduled with you at your convenience. You will be review medication information using different computer interfaces, and to give us feedback about the interfaces. Because we are asking you to make a significant contribution of your time, you will receive \$20 for participating in the study. Approximately 15 subjects will participate in this study.

# **Your Privacy is Important**

Your identity is not recorded as part of the study. No personal information about you is gathered or saved during the study.

If you have any questions regarding this study, please contact the principal investigator, Dr. Bradley Hemminger (966-2998, bmh@ils.unc.edu).

### **Risks and Discomforts**

We do not know of any personal risk or discomfort you will have from being in this study.

## **Your Rights**

You are free to refuse to participate or to withdraw from the study at any time without penalty and without jeopardy.

### **Institutional Review Board Approval**

The Behavioral Institutional Review Board (Behavioral IRB) of the University of North Carolina at Chapel Hill has approved this study. If you have any concerns about your rights in this study you may contact the Chair of the Behavioral IRB at (919) 962-7761, or by email at aa-irb@unc.edu.

[] I have read the information in this conso	ent form, and I agree to participate in the study.
Name	_ Signature