

# Informed Consent

## Title: Exploring the Disclosure of Sexual Identity to Primary Care Providers

**DESCRIPTION OF THE RESEARCH:** You are invited to participate in a research study that explores sexual identity in relation to health care. This study is intended to better understand LGBTQ+ folks' experiences with their primary health care provider. Given the focus on the LGBTQ+ community in relation to health care providers and identity development, only those who identify as LGBTQ+, are eighteen years of age or older, and have seen their primary health care provider in the last seven years are asked to participate at this time.

**WHAT WILL I BE ASKED TO DO?** You will be asked to indicate your consent and then take part in a recorded Zoom interview. The interview consists of approximately 20 questions about your experiences disclosing your LGBTQ+ status to a previous or current primary health care provider and how that impacted your health care needs being or not being met. Questions will be largely open-ended and follow up questions may ask for you to add or expand on your experience. In total, the interview should take approximately 30-45 minutes to complete.

**WHAT'S IN IT FOR ME?** There are no direct benefits to you. However, you may feel you've had a relatively safe outlet to discuss your LGBTQ+ identity within health care. You may also feel content because you have contributed to research that aims to affect positive change. You will have a chance to request a summary of the results of the study if they are published.

**ARE THERE ANY RISKS?** Because the study might cause some participants to recall sensitive topics, risks may include exhaustion, confusion, sadness, anxiety, agitation, numbness, and/or dissociation, please text HOME to Crisis Text Line at 741741 if you need to talk to someone for any reason. If you are facing a mental health crisis and need to reach out to someone, you can call SAMHSA's National Helpline at 1-800-662-4357. Your participation is completely voluntary. While the data will be most useful if you answer all of the interview questions in full, you are welcome to skip any questions you do not wish to answer. You may also choose to discontinue the study at any time without penalty.

HOW WILL MY CONFIDENTIALITY BE PROTECTED? To ensure anonymity, we have used check-boxes below regarding consent and ask that you use a pseudonym during the Zoom interview. We will use your pseudonym while we transcribe and code our data. Your information will be password protected via Zoom and you will be asked to enter a password to attend the Zoom meeting. The recording of your interview will be removed from Zoom, saved, and password protected on a Google Drive account. It will be transferred to NVivo on a password protected account where the researchers can clean up the transcriptions and process the data. Each of these steps will keep anyone from tampering with the data. Any presentation or publication of the results will use general data, with the exception of direct quotes. Direct quotes will only be associated with participants' identity or pseudonym. Any email addresses submitted to obtain a summary of the research findings will be kept completely separate from your interview data and will be deleted after the summary is sent.

#### WHOM SHOULD I CONTACT IF I HAVE ANY QUESTIONS?

[Researcher's and faculty advisor's contact info provided. IRB committee chair's contact info also provided]

By signing this form, you are declaring that you have read this electronic informed consent, \* or the contents have been read to you. You are confirming that you have had the time and opportunity to ask questions to the facilitator and your questions were answered to your satisfaction.

- I agree to participate in this study. I am of legal age, I identify as LGBTQ+, and I have had a primary-care provider in the last seven years.
- I do not consent to participating in this study. I am below 18 years of age, do not identify as LGBTQ+, or have not had a primary health care provider in the last seven years.

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