

**UNIVERSITY OF GEORGIA**  
**CONSENT FORM**  
**[TITLE OF THE STUDY]**

You are being asked to take part in a research study. The information in this form will help you decide if you want to be in the study. Please ask the researcher(s) below if there is anything that is not clear or if you need more information.

<b>Principal Investigator:</b>	<i>Name</i>	<b>Co-Investigator:</b>	<i>Name</i>
	<i>Department</i>		<i>Department</i>
	<i>Contact Information</i>		<i>Contact Information</i>

You are being invited to be in this research study because you have high blood pressure. Participation is voluntary and you can stop at any time without penalty.

We are doing this research to learn more about the use of complementary medicine and its effect on high blood pressure control. Examples of complementary medicine include yoga, acupuncture, chiropractic care and herbal medicines.

If you agree to participate in this study:

- We will collect information from your medical records: your blood pressure, the medications you take, and information about you including age, sex, and race.
- We will ask you to fill out a questionnaire about your use of complementary medicine. It will take about 15 minutes to answer the questions. You do not have to answer any questions that you do not wish to answer.

We will take steps to protect your privacy, but there is a small risk that other people besides the researchers may see your information. To reduce this risk we will replace your name with a study code and keep the list that connects the code to your name in a different place. We will only keep this list long enough to match your responses with your medical records. After the identifiers have been removed, we may continue to use the information for other research on the use of complementary medicine. We may share the de-identified results with other researchers who also study this topic.

If you have any questions about the study, contact *name and contact information*. If you have any complaints or questions about your rights as a participant, contact the Institutional Review Board (IRB) at IRB@uga.edu or 706-542-3199.

If you agree to participate in this research study, please sign below:

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Name of Researcher	Signature	Date
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>
Name of Participant	Signature	Date

**Please keep one copy and return the signed copy to the researcher.**