



**Mississippi Department of Mental Health**  
**Provider Bulletin**  
**Number IO0078**

**Subject:** Wraparound Facilitation  
Agency/Organization Consent to  
Contact forms and process

**Issue Date:** November 1, 2017  
**Effective Date:** same as issue date

**Scope**

All DMH Certified Providers of Wraparound Facilitation

**Purpose**

Inform all DMH Certified Wraparound Facilitation Providers of the Consent to Contact collection process for data collection by MS Wraparound Institute (MWI) and National Wraparound Implementation Center. MWI has secured the rights to use the WFI-EZ from the Wraparound Evaluation and Research Team (WERT) as a way to learn more about the effectiveness of Wraparound across the State.

**Subject**

Providers that are currently certified by DMH to provide Wraparound Facilitation will incorporate the Parental Consent Form, Standard Informed Consent, Minor Assent Form and the Caregiver Consent to Contact Form into their process for enrolling families in Wraparound services. Completed forms will be submitted to MWI via secure fax within 30 days of enrollment using a unique youth ID number. Providers will also begin the process of working with currently enrolled families to complete and submit Consent to Contact forms. Data Collection instructions and the required five (5) following forms are attached: (1) IRB Minor Assent Form, (2) IRB Standard Informed Consent form, (3) IRB Consent to Contact Template, (4) IRB Parental Consent Form, and (5) MWI Secure Fax Cover Sheet.

*End of Provider Bulletin*

As you know, one of the required activities for Certified Wraparound Facilitator Agency/Organizations (CWFAO) is the securement and submission of Consent to Contact forms for the purpose of data collection.

“2. Agency agrees to secure informed consents, including Consent to Contact forms, from enrolled families for data collection efforts by MWI, NWIC and NWIC designees for the purpose of ongoing quality assurance, training, and evaluation. Data collection will occur primarily through telephone contact from USM representatives throughout the process for each family engaged in the Wraparound process. “

MWI has secured the rights to use the WFI-EZ from the Wraparound Evaluation and Research Team (WERT) and is excited to announce the beginning of its use as a way to learn more about Wraparound provision in our state. Once consents are in place, MWI staff will begin gathering data from families using the WFI-EZ and the Family Empowerment Scale.

Effective immediately, CWFAO's should begin implementing the following procedures:

- 1) CWFAO's will incorporate the attached form (1) Parental Consent Form, 2) Standard Informed Consent, 3) Minor Assent Form, and 4) Caregiver Consent to Contact form) into their process for enrolling new families in Wraparound programs.
- 2) Staff will present the forms to each family and support caregivers and youth in reviewing and signing the documents.
- 3) Completed forms will be submitted to MWI via secure fax at (601) 261-5320 using the attached FAX cover sheet within 30 days of enrollment.
- 4) CWFAO's agree to complete Authorizations to Release Information as determined by their agency policy for each family to The Mississippi Wraparound Institute (MWI).
- 5) CWFAO's will establish a unique youth ID# ending in a consistent 3 letter Agency Identifier and the letters WF for each youth enrolled in Wraparound. For example: 12345MWI/WF. CWFAO will select their 2-3 Agency Identifier and use it consistently on all future ID# assignments for this project. Please note that this unique youth ID# number must be included on the Consent to Contact form AND used as the youth's ID for the CAFAS.

\*\*CWFAO's will also begin the process of working with currently enrolled families to complete and submit Consent to Contact forms. Families that have been enrolled for 9 or more months are exempt from this request. Consent to Contact forms for all currently enrolled families should be submitted to MWI within 60 days.

A randomized sample will be created from submitted forms once per quarter. Staff at MWI will contact families via phone or email as convenient for the family. MWI will contact organizations for clarifications to contact information and additional recommendations for those families that staff have been unable to contact after multiple attempts. Requests for contact assistance will be held until MWI has attempted to contact all families and will be issued only once per quarter.

## **Caregiver Consent to Contact for MWI Data Collection Project**

Families like yours will be randomly selected to participate in this effort. Your participation is completely voluntary. If randomly selected, an MWI trained interviewer will contact you by phone to ask you some questions. Your answers will be kept confidential. We are asking for your help and participation so that we can work to improve Wraparound services in Mississippi.

### **Description of Project**

Families who have received Wraparound services for 3-9 months will be chosen at random to complete 2 surveys. A staff member from MWI will call you and ask if you would like to volunteer to participate. If you volunteer, you can either answer survey questions at that time or you can schedule a time and day that works better for you. You can also choose to complete the survey questions by email if you prefer. The interviewer will ask you to provide feedback about services you have received. Your answers will be kept confidential. Your identity and responses will only be known to the interviewer. The interviewer will not share this information with anyone outside of MWI.

Interviewers will ask questions about your experiences with Wraparound, and how you feel about your future and the future of your family. You will have an opportunity to ask questions and share any information that you think will be helpful in improving your services and those of other families in our state. The phone interview should take about 30 minutes. During this time, you will be asked to complete 42 questions from the Wraparound Fidelity Index (WFI-EZ), and 34 questions from the Family Empowerment Scale (FES.) Remember, you can ask to have these surveys emailed to you.

As part of our project, information from the Child and Adolescent Functional Assessment Scale (CAFAS) may also be analyzed. We use this information to help determine if children receiving Wraparound services are improving with their emotional and behavioral functioning. This information has already been collected by the agency you are working with and will be shared with our staff ONLY for the purposes of determining if Wraparound is helping children in our state.

### **Risks**

Challenges with emotions, behavior, family functioning, and getting into trouble are often linked to the mental health of youth. Some questions may relate to your past or present experiences, possibly causing you to feel uncomfortable. You can stop your participation at any time. Additionally, you can skip questions if you do not want to answer. If an urgent mental health related situation comes up while an MWI staff member is speaking with you, you will be provided with information on emergency services.

Protected health information is any personal health information that tells someone exactly who you are. The information asked for in this study includes information such as your name, your age, names of family members, and where you choose to receive services. This information will not be shared with anyone outside of MWI and will only be used to learn more about Wraparound services in our state. We will share combined results of the surveys with agencies. It is highly unlikely they will be able to identify who you are by your responses.

### **Benefits**

If you are selected to participate in the surveys, it will help MWI learn more about how Wraparound is working for youth, if it is being done well, and if it is helping families get what they want. You might benefit from improvements made with Wraparound services in the state. Also, other Mississippi youth and families may be helped because of your participation.

Participating may provide a sense of empowerment for you and your family as MWI works to improve Wraparound services in Mississippi. Family and youth voices are needed for Wraparound to be done right, and your input is highly valuable.

Please read this form and/or ask for it to be read to you. Ask any questions you may have. You can always ask questions later. If you feel comfortable with what it says, we ask that you sign the form. This will indicate your willingness to participate in the project.

Signing this form means that you understand that you may be contacted after three months of your participation in Wraparound and that you agree for your agency to share your contact information with MWI.

## Caregiver Consent to Contact for MWI Data Collection Project

**By signing this consent form you are agreeing to allow [PROVIDER NAME] to share your contact information with MWI.** Signing this form does not mean you have to respond to survey questions. You can decide whether or not to participate when you are contacted by MWI.

- I understand that if randomly selected to participate, [PROVIDER NAME] will give my name and contact information to MWI so they can contact me and ask me questions about the Wraparound services I am receiving. My personal information will be kept confidential and will not be used for any other purpose other than for this project.
- I understand that my agreement to have my contact information shared is voluntary and that I may refuse to sign this form or can withdraw my participation at any time without it affecting my family's services.
- I understand that the information I provide will be used to help improve Wraparound services in Mississippi for me, my child(ren), and other youth and their families. Everything I say will be kept confidential to the maximum extent allowable by law.
- I understand that by signing this form I am not giving up any of my legal rights.
- I understand that if I want to ask more questions about the project or withdraw my participation I can contact MWI at (601) 266-6112 or wrap@usm.edu

\_\_\_\_\_  
*Your Name (Please Print)*

\_\_\_\_\_  
*Name and Age of Your Child Enrolled in Wraparound*

\_\_\_\_\_  
*Your Signature*

\_\_\_\_\_  
***I understand that my child may be asked to participate in this study (if over **11** years of age) and understand that my child has a separate assent form. A copy of the Minor Assent form is attached to this document.***

*Referral Source To Wraparound: (circle one)*

*Juvenile Justice      Child Protective Services      Education      Community Mental Health      Inpatient Treatment Center*

*Other: \_\_\_\_\_*

*Telephone number(s) where you can be reached:*

*Home: \_\_\_\_\_*

*Other: \_\_\_\_\_*

*E-mail address where you can be contacted: \_\_\_\_\_*

### ***Provider Use Only***

*Wraparound Provider Agency/Organization Name* \_\_\_\_\_

*County of Service* \_\_\_\_\_

*Date of youth enrollment in Wraparound* \_\_\_\_\_

*Please assign an ID number of your organization's choice to the youth. ID number must include the letters "WF" and should be the same ID number used for CAFAS administration.*

*Youth ID #* \_\_\_\_\_



INSTITUTIONAL REVIEW BOARD
MINOR ASSENT FORM

MINOR ASSENT PROCEDURES

This document must be completed by the Principle Investigator and signed by each assenting minor.

- The Project Information and Research Description sections of this form should be completed by the Principal Investigator before submitting this form for IRB approval.
Parental consent must be obtained before soliciting the assent of any minor participating in the study.
Signed copies of the IRB approved assent form should be provided to a parent or guardian of every assenting minor.

Last Edited May 22nd, 2014

Today's date:

PROJECT INFORMATION

Project Title: Mississippi Wraparound Institute Statewide Data Collection Project

Principal Investigator: Tamara Hurst, Ph.D., LCSW

Phone: 601-266-4173

Email: tamara.hurst@usm.edu

College: The College of Health

Department: The School of Social Work

RESEARCH DESCRIPTION

1. Why am I being asked to participate?

You are an important part of a Wraparound Team. Other members of your Team might be your therapist, your parents or caregivers, your teacher, and others. The Mississippi Wraparound Institute teaches people at agencies like the one that works with you about how to work on Wraparound Teams.

People who work for the Mississippi Wraparound Institute would like to ask you questions to learn more about how your Team helps you and your family. We want to know more about how your Team comes up with ideas and plans, and if the Team helps your family do the things they like to do. We also want to know if your Team celebrates with you and your family when something good happens.

2. What will I have to do?

After you have been working with your Wraparound Team for 3 months, we might call you on the phone to ask questions about how everything is going. We will try to call when you have time to talk with us. You can ask us to call back another time if you want to. Your parents or caregivers know that we are going to call you and they can be on the phone with you if you want or you can answer questions by yourself. There are 33 questions and it will take about 30 minutes or less to answer all of them. Your parents or caregivers know that we may be calling you and have to give us permission to speak with you. You can choose to have them on the phone with you if you decide to answer our questions.

3. What do I get if I agree to participate?

We really want to hear your opinions about your Wraparound Team. It is possible that we can help your Team or someone else's Team do a better job. It is important that we listen to children and teens who are

part of Wraparound Teams so we know what is working and what we can do better.

**4. Can anything bad happen if I participate?**

Nothing bad will happen to anyone because you answered our questions. Some of the questions might be hard for you to answer or might make you feel uncomfortable. You can ask us questions or you can tell us you want to stop answering. You can skip questions if you want to.

**5. Who will get to see information about me?**

All of your answers will be kept confidential between you and the person asking you questions unless you say something that makes us worried about your safety or someone else's safety. We will tell you if that happens. You can ask us if we have to tell someone about what you said.

Your parents might know what you tell us if they are on the phone with you when we call. The other people on your Team will not know how or if you answered our questions. Your answers will not be shared with your other Team members.

**6. What if I do not want to participate?**

It is up to you if you want to talk with us. You can decide that you don't want to answer our questions. You can start answering questions, and then stop if you want to. No one will get in trouble or have to stop working with the Wraparound Team if you do not want to talk with us.

**7. Who may I contact if I have other questions or concerns about my participation?**

This project has been approved by the Institutional Review Board. Its job is to protect research participants. Questions or concerns about your participation should be directed to the Manager of the IRB at 601-266-5997.

**ASSENT TO PARTICIPATE IN RESEARCH**

Participant's Name:

Participant's Age:

Person Soliciting Assent:

Check one of the following (to be completed by the person soliciting assent):

- In my opinion this minor is able to provide informed assent (proceed to Agreement to Participate).
- In my opinion this minor is unable to provide informed assent for the following reason(s) (do not proceed):

**AGREEMENT TO PARTICIPATE**

I agree to participate in this research project. The project has been fully explained to me and I was given the chance to ask any questions I have about it. I understand that I can stop participating at any time.

\_\_\_\_\_  
Research Participant

\_\_\_\_\_  
Person Soliciting Assent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date





Date \_\_\_\_\_

# Facsimile Cover Sheet

TO

Name	
Phone	601-266-6112
Fax	601-266-5320

FROM

Name	
Signature	
Phone	
Fax	

List Youth ID#s for attached forms (separated by commas)	

Documents attached	
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Other information	
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Total Pages \_\_\_\_\_

**IMPORTANT:** This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.





INSTITUTIONAL REVIEW BOARD
PARENTAL CONSENT FORM

PARENTAL CONSENT PROCEDURES

This document must be completed by the Principal Investigator and signed by the parent or guardian of each potential research participant.

- The Project Information and Research Description sections of this form should be completed by the Principal Investigator before submitting this form for IRB approval.
Signed copies of the long form consent should be provided to a parent or guardian of every participant.

Last Edited May 22nd, 2014

Today's date:

PROJECT INFORMATION

Project Title: Mississippi Wraparound Institute Statewide Data Collection Project

Principal Investigator: Tamara Hurst

Phone: 601-266-4173

Email: tamara.hurst@usm.edu

College: The College of Health

Department: School of Social Work

RESEARCH DESCRIPTION

1. Purpose:

The Mississippi Wraparound Institute (MWI) at the University of Southern Mississippi is interested in understanding more about the quality of Wraparound services in our state so we can help improve this resource for families like yours. MWI provides oversight and training to all Mississippi organizations registered with us to provide Wraparound services. MWI does not provide direct services to families.

Your family has chosen to receive Wraparound services from a registered organization. Wraparound services are being studied to find out if 1) professionals in Mississippi are providing Wraparound correctly, and 2) Wraparound helps families become happier and healthier in their homes and communities.

2. Description of Study:

You have been identified as caregiver/parent in the family. After you have been receiving Wraparound Services for 3 months, a staff member from MWI may call you and ask if you would like to volunteer to complete two surveys. If you volunteer, you can either answer survey questions at that time or you can schedule a time and day that works better for you. You can also choose to complete the survey questions by email if you prefer. A staff member will also ask if your child who receives Wraparound services is available to speak with us. We will only speak with one child in your family if you have more than one child receiving services. Children must be 11 years old or older to answer survey questions.

If you give us permission to speak with your child, we will ask your child if he or she would like volunteer to answer questions on a survey. There is no penalty if you or your child choose not to participate. Your child will have the option of having you stay on the phone with him or her, or to answer the questions in private. Interviewers will ask questions about your child's experiences with Wraparound, and about who contributes to your child's Wraparound Team. There will be questions about whether or not the Team celebrates when something good happens. Your child will have an opportunity to ask questions and share any information that he or she thinks will be helpful to us. The phone interview should take about 30 minutes or less. During this time, your child will be asked to complete 33 questions from the Wraparound Fidelity Index - Youth Form

(WFI-Youth Form). A copy of this form is attached.

**3. Benefits:**

Your child may have the opportunity to help MWI learn more about how Wraparound is working for youth, if it is being done well, and if it is helping families get what they want. Your child and family might benefit from improvements made with Wraparound services in the state. Also, other Mississippi youth and families may be helped because of your child's participation.

Participating may provide a sense of empowerment for your child as MWI works to improve Wraparound services in Mississippi. Youth voices are needed for Wraparound to be done right, and your child's input is highly valuable to our work.

**4. Risks:**

Challenges with emotions, behavior, family functioning, and getting into trouble are often linked to the mental health of youth. Some questions may relate to your child's past or present experiences, possibly causing your child to feel uncomfortable. He or she can stop participating at any time. Additionally, he or she can skip questions or go back to change an answer. If an urgent mental health related situation comes up while an MWI staff member is speaking with your child, you will be provided with information on emergency services.

**5. Confidentiality:**

Protected health information is any personal health information that tells someone exactly who you are. The information asked for in this study includes information such as your child's name, date of birth, and gender. This information will not be shared with anyone outside of MWI. Answers to the survey questions will be used to learn more about Wraparound services in our state. We will share combined results of the surveys with agencies. It is highly unlikely they will be able to identify who you or your child are by the survey responses.

We may have to tell someone if information is shared that causes an interviewer to become concerned about your safety or the safety of your child. We will tell you if this happens. You can also ask us if we have to tell anyone about your answers.

Responses to the surveys will be written down and kept in the locked offices of MWI. Answers to the online versions of the surveys will be kept in a password protected database. All responses will be destroyed two years after we have talked with you and your child.

**6. Alternative Procedures:**

Alternative procedures do not apply to this study.

**7. Participant's Assurance:**

This project has been reviewed by the Institutional Review Board, which ensures that research projects involving human subjects follow federal regulations.

Any questions or concerns about rights as a research participant should be directed to the Manager of the IRB at 601-266-5997. Participation in this project is completely voluntary, and participants may withdraw from this study at any time without penalty, prejudice, or loss of benefits.

Any questions about the research should be directed to the Principal Investigator using the contact information provided in Project Information Section above.

**PARENTAL CONSENT INFORMATION**

Participant's Name:

Participant's Age:

Parent or Guardian's Name:

Person Soliciting Parental Consent:

**AGREEMENT TO ALLOW PARTICIPATION IN RESEARCH**

Consent is hereby given to participate in this research project. All procedures and/or investigations to be followed and their purpose, including any experimental procedures, were explained. Information was given about all benefits, risks, inconveniences, or discomforts that might be expected.

The opportunity to ask questions regarding the research and procedures was given. Participation in the project is completely voluntary, and participants may withdraw at any time without penalty, prejudice, or loss of benefits. All personal information is strictly confidential, and no names will be disclosed. Any new information that develops during the project will be provided if that information may affect the willingness to continue participation in the project.

Questions concerning the research, at any time during or after the project, should be directed to the Principal Investigator with the contact information provided above. This project and this consent form have been reviewed by the Institutional Review Board, which ensures that research projects involving human subjects follow federal regulations. Any questions or concerns about rights as a research participant should be directed to the Chair of the Institutional Review Board, The University of Southern Mississippi, 118 College Drive #5147, Hattiesburg, MS 39406-0001, (601) 266-5997.

**Include the following information only if applicable. Otherwise delete this entire paragraph before submitting for IRB approval:** The University of Southern Mississippi has no mechanism to provide compensation for participants who may incur injuries as a result of participation in research projects. However, efforts will be made to make available the facilities and professional skills at the University. Participants may incur charges as a result of treatment related to research injuries. Information regarding treatment or the absence of treatment has been given above.

\_\_\_\_\_  
**Parent or Guardian of Research Participant**

\_\_\_\_\_  
**Person Explaining the Study**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**



INSTITUTIONAL REVIEW BOARD
STANDARD INFORMED CONSENT

STANDARD INFORMED CONSENT PROCEDURES

This completed document must be signed by each consenting research participant.

- The Project Information and Research Description sections of this form should be completed by the Principal Investigator before submitting this form for IRB approval.
Signed copies of the long form consent should be provided to all participants.

Last Edited March 13th, 2017

Today's date:

PROJECT INFORMATION

Project Title: Mississippi Wraparound Institute Statewide Data Collection Project

Principal Investigator:

Phone:

Email:

College:

Department:

RESEARCH DESCRIPTION

1. Purpose:

The Mississippi Wraparound Institute (MWI) at the University of Southern Mississippi wants to understand more about the quality of Wraparound services in our state so we can help improve this resource for families like yours. MWI provides oversight and training to all Mississippi agencies that are registered with us to provide Wraparound services. MWI does not provide direct services to families.

Your family has chosen to receive Wraparound services from a registered agency. Wraparound services are being studied to find out 1) if professionals in Mississippi are providing Wraparound correctly, and 2) if Wraparound helps families become happier and healthier in their homes and communities.

2. Description of Study:

Families who have received Wraparound services for 3-9 months will be randomly selected and will be asked to volunteer to complete 2 surveys. If your family is selected, an interviewer from MWI will call one of your family caregivers. A family caregiver has to be over the age of 18. You will be asked if you would like to volunteer to participate. If you volunteer, you can either answer survey questions at that time or you can schedule a time and day that works better for you. You can choose to complete the survey questions online if you prefer. The interviewer will ask you to provide feedback about services you have received. Your answers will be kept confidential. Your identity and individual responses will not be shared with anyone outside of MWI.

Interviewers will ask questions about your experiences with Wraparound, and how you feel about your future and the future of your family. You will have an opportunity to ask questions and share any information that you think will be helpful in improving your services and those of other families in our state. The phone interview should take about 45 minutes or less. During this time, you will be asked to complete 42 questions from the Wraparound Fidelity Index (WFI-EZ), and 34 questions from the Family Empowerment Scale (FES.) Remember, you can ask to complete these surveys online.

As part of our project, information from the Child and Adolescent Functional Assessment Scale (CAFAS) may also be analyzed. We use this information to help determine if children receiving Wraparound services are improving with their emotional and behavioral functioning. This information has already been collected by the

agency you are working with and will be shared with our staff only for the purposes of determining if Wraparound is helping children and families in our state.

Additionally, an MWI interviewer will ask to speak with one of your children who is part of the Wraparound Team. Talking with your child would only take place with your permission and permission from your child. You will be provided with a Parental Consent Form to give you more information about your child's involvement. You can choose to not have your child answer survey questions. A copy of the survey questions are attached to the Parental Consent Form so you can review what your child will be asked.

Your child will also be asked to volunteer to talk with us. He or she will be given a Youth Assent Form that explains why we are asking questions and what is expected. A copy of the Youth Assent Form will also be provided to you.

### **3. Benefits:**

Answering the survey questions will help MWI learn more about how Wraparound is working for youth, if it is being done well, and if it is helping families get what they want. You may or may not benefit from any improvements that are made. Other Mississippi youth and families may experience improvements in Wraparound Teams because of your participation.

Participating may provide a sense of empowerment for you and your family as MWI works to improve Wraparound services in Mississippi. Family and youth voices are needed for Wraparound to be done right, and your input is highly valuable.

### **4. Risks:**

There are minimal risks to participating in MWI's Statewide Data Collection Project. There is a chance that answering survey questions may make you or your child feel uncomfortable. We will do everything possible to keep this from happening. You and/or your child can decide not to participate. You can stop answering questions at any time or you can skip questions. If feelings from answering questions becomes too uncomfortable, MWI can provide referrals to mental health professionals.

### **5. Confidentiality:**

Protected health information is any personal health information that tells someone exactly who you are. The information asked for in this study includes information such as your name, your child's age, your relationship to your child, and if you have legal custody of your child. This information will not be shared with anyone outside of MWI. We will share combined answers to the survey questions with registered agencies. It is highly unlikely they will be able to identify who you are by the combined responses.

We may have to tell someone if information is shared that causes an interviewer to become concerned about your safety or the safety of your child. We will tell you if this happens. You can also ask us if we have to tell anyone about your answers.

Your responses to the surveys will be written down and kept in the locked offices of MWI. Answers to the online versions of the surveys will be kept in a password protected database. All responses will be destroyed two years after we have talked with you.

### **6. Alternative Procedures:**

Alternative procedures do not apply to this study.

### **7. Participant's Assurance:**

This project has been reviewed by the Institutional Review Board, which ensures that research projects involving human subjects follow federal regulations.

Any questions or concerns about rights as a research participant should be directed to the Chair of the IRB at 601-266-5997. Participation in this project is completely voluntary, and participants may withdraw from this study at any time without penalty, prejudice, or loss of benefits.

Any questions about the research should be directed to the Principal Investigator using the contact information provided in Project Information Section above.

### CONSENT TO PARTICIPATE IN RESEARCH

Participant's Name: \_\_\_\_\_

Consent is hereby given to participate in this research project. All procedures and/or investigations to be followed and their purpose, including any experimental procedures, were explained to me. Information was given about all benefits, risks, inconveniences, or discomforts that might be expected.

The opportunity to ask questions regarding the research and procedures was given. Participation in the project is completely voluntary, and participants may withdraw at any time without penalty, prejudice, or loss of benefits. Unless described above and agreed to by the participant, all personal information is strictly confidential, and no names will be disclosed. Any new information that develops during the project will be provided if that information may affect the willingness to continue participation in the project.

Questions concerning the research, at any time during or after the project, should be directed to the Principal Investigator with the contact information provided above. This project and this consent form have been reviewed by the Institutional Review Board, which ensures that research projects involving human subjects follow federal regulations. Any questions or concerns about rights as a research participant should be directed to the Chair of the Institutional Review Board, The University of Southern Mississippi, 118 College Drive #5147, Hattiesburg, MS 39406-0001, (601) 266-5997.

**Include the following information only if applicable. Otherwise delete this entire paragraph before submitting for IRB approval:** The University of Southern Mississippi has no mechanism to provide compensation for participants who may incur injuries as a result of participation in research projects. However, efforts will be made to make available the facilities and professional skills at the University. Participants may incur charges as a result of treatment related to research injuries. Information regarding treatment or the absence of treatment has been given above.

\_\_\_\_\_  
Research Participant

\_\_\_\_\_  
Person Explaining the Study

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date