

Informed Consent

Protocol Title: Constructing the Subjects of Mental Illness: The Legal and Political Mediation of Health in Wales

Please read this consent document carefully before you decide to participate in this study.

Purpose of the research study:

The purpose of this study is to examine the relationships between law, politics, and the provisioning of health care in Cardiff, Wales. The researcher is seeking information on the opinions and experiences of NHS users regarding their interactions with the NHS, and the ways in which law and policy effect the quality of health care, and health and illness, and perception of the NHS as a viable institution.

What you will be asked to do in the study:

You will be asked to participate in interviews conducted by the principal investigator or research assistants. You may also be asked to respond to survey instruments or questionnaires.

Time required:

Approximately 1 hour

Risks and Benefits:

No risks are anticipated.

Compensation:

You will not receive compensation for your participation in this project.

Confidentiality:

Your identity will be kept confidential to the extent provided by law. Your information will be assigned a code number. The list connecting your name to this number will be kept in a locked file in my faculty supervisor's office. When the study is completed and the data have been analyzed, the list will be destroyed. Your name will not be used in any report.

Voluntary participation:

Your participation in this study is completely voluntary. There is no penalty for not participating.

Right to withdraw from the study:

You have the right to withdraw from the study at anytime without consequence.

Whom to contact if you have questions about the study:

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Faye V. Harrison, PhD, Department of Anthropology, 1112 Turlington Hall, University of Florida, Gainesville, Florida, 32611, USA. 352.392.2253. fayeharr@ufl.edu

Whom to contact about your rights as a research participant in the study:

IRB02 Office, Box 112250, University of Florida, Gainesville, FL, USA. 32611-2250; phone 352.392-0433.

Agreement:

I have read the procedure described above. I voluntarily agree to participate in the procedure and I have received a copy of this description.

Participant: _____ Date: _____

Principal Investigator: _____ Date: _____