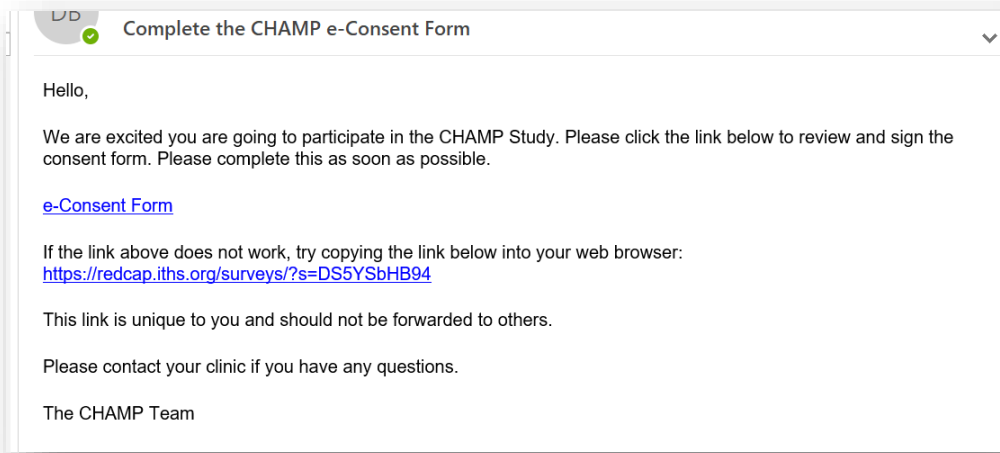
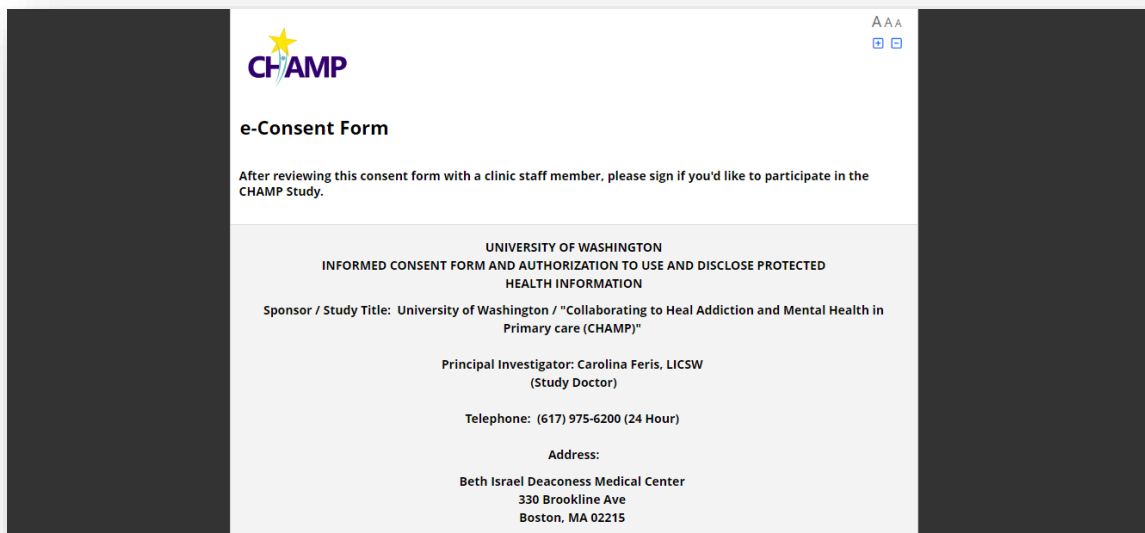


Instructions for How to Complete the E-Consent Form

1. Patient will receive a link to fill out the e-Consent in their email or text messages, see below. Patient should click on the link to open the e-Consent Form.



2. This is what the e-Consent Form should look like to the patient.

A screenshot of the CHAMP e-Consent Form. At the top left is the CHAMP logo (a star above the word CHAMP). At the top right are accessibility icons (AAA and a square with a plus sign). Below the logo is the title "e-Consent Form". A paragraph reads: "After reviewing this consent form with a clinic staff member, please sign if you'd like to participate in the CHAMP Study." Below this is a light gray box containing the following text: "UNIVERSITY OF WASHINGTON", "INFORMED CONSENT FORM AND AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION", "Sponsor / Study Title: University of Washington / 'Collaborating to Heal Addiction and Mental Health in Primary care (CHAMP)'", "Principal Investigator: Carolina Feris, LICSW (Study Doctor)", "Telephone: (617) 975-6200 (24 Hour)", "Address:", "Beth Israel Deaconess Medical Center", "330 Brookline Ave", "Boston, MA 02215".

3. Patient should complete **all the fields** in the consent form, these may include:
 - a. Questions about participating in research
 - b. Patient name
 - c. Date
 - d. Patient signature

To add their signature, patient should click the green "Add Signature" button, then use their mouse or finger to trace their signature in the box.

STATEMENT OF CONSENT AND AUTHORIZATION

I have read this form and had a chance to ask questions. I volunteer to take part in this research. If I have questions later about the research I can contact the study doctor or study staff listed on the first page of this consent form. I give permission to the researchers to use my survey responses and medical records as described in this consent form. I will receive a copy of this signed and dated consent form.

Please indicate and initial below if after the study is over, you request a summary of the results.
* must provide value

Yes, I would like a summary of the results after the study has ended. Please initial once you select.
 No, I do not want a summary of the results after the study has ended. Please initial once you select. [reset](#)

Please indicate and initial below, if we may want to contact you again to see if you want to participate in another research study.
* must provide value

Yes, I am willing to be contacted to participate in another research study. Please initial once you select.
 No, I do not want to be contacted to participate in another research study. Please initial once you select. [reset](#)

Name of Adult Participant:
Date: [Today](#) M-D-Y

Signature
* must provide value [Add signature](#)

[Next Page >>](#)

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4. Once the patient has filled out the e-Consent Form, they must click the "Next Page" button.

form. I will receive a copy of this signed and dated consent form.


Please indicate and initial below if after the study is over, you request a summary of the results.
* must provide value

Yes, I would like a summary of the results after the study has ended. Please initial once you select.
 No, I do not want a summary of the results after the study has ended.
 Please initial once you select. [reset](#)

Please indicate and initial below, if we may want to contact you again to see if you want to participate in another research study.
* must provide value

Yes, I am willing to be contacted to participate in another research study. Please initial once you select.
 No, I do not want to be contacted to participate in another research study.
 Please initial once you select. [reset](#)

Name of Adult Participant:
Date: [Today](#) M-D-Y

Signature
* must provide value 
[signature_2021-06-07_1714.png \(0.01 MB\)](#) [Remove file](#)

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5. **IMPORTANT:** To submit their e-Consent Form the patient **must click the checkbox** certifying that the information they shared is correct. **Then click "Submit"**.

The screenshot shows a web browser window displaying an "e-Consent Form" on "Page 1". The form content includes the title "e-Consent Form", a sub-header "Page 1", and a paragraph: "After reviewing this consent form with a clinic staff member, please sign if you'd like to participate in the CHAMP Study." Below this is a green-bordered box containing a checked checkbox and the text: "I certify that all the information in the document above is correct. I understand that clicking 'Submit' will electronically sign the form and that signing this form electronically is the equivalent of signing a physical document." Underneath the green box is a note: "If any information above is not correct, you may click the 'Previous Page' button to go back and correct it." At the bottom of the form are two buttons: "<< Previous Page" and "Submit". Two red arrows are overlaid on the image: one points from the left margin to the checkbox, and the other points from the "<< Previous Page" button to the "Submit" button.