Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be posted on the Family Medicine website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work.

The interviewer affirms that he/she has explained the nature and purpose of this project.

The interviewee affirms that he/she has consented to this interview.

Yes [X]
Name: [Signature]

If not consenting as above, please add the interviewee’s name here for the Department of Family Medicine information only.

Name: [Signature]

If you received informed consent, please upload this page as a separate document entitled “Name of Project/Interview Consent Form”.

If an informed consent was not received, please do not upload this page to ScholarWorks. However, you should include this consent page when submitting your PowerPoint to the Family Medicine Department.