INTERVIEW CONSENT FORM
EMR Optimization of Home Health
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Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks 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 Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work.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: _____Dr. Phillip Kiely_____

Name: _____Jen Bebee_____

If not consenting as above: please add the interviewee names here for the Department of Family Medicine information only.

Name: _____

Name: _____

Name: _____

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.