



Survey Information and Consent Form for the External Evaluation of the Family Health Team Initiative in Ontario

We want to hear your views about your health care.

Your doctor is now part of a Family Health Team that includes a team of doctors and other health care providers who are responsible for providing and coordinating health services for their patients.

The Conference Board of Canada and its partners are evaluating the Family Health Team Initiative in Ontario on behalf of the Ministry of Health and Long-term Care (MOHLTC). As part of this evaluation, we would like to survey some of the people served by the Family Health Team.

We would like your permission to contact you to participate in a survey.

It is important to assess how the Family Health Teams are working and get feedback about your experiences with them. By consenting to participate in this survey, you will give us a better understanding about how health services are being provided and help us make recommendations for improving them.

Some people who agree to participate in the survey will be phoned and asked questions about their health care experiences. They will also have the option to complete the survey online.

Confidentiality

Several steps have been taken to make sure your personal information remains confidential, and that the information is stored safely. **All researchers have signed a confidentiality agreement saying all personal information will be held in the strictest confidence. All files will be protected with passwords and stored in locked offices, and your name will not be linked with your answers.**

Every effort will be made to protect your privacy. Some of the study team might see the personal information you provide, but they will keep this information strictly confidential. The information collected will only be used for this study and no information will be released that would identify anyone who participates.

Participation

Participation in this survey is completely voluntary and you are free to refuse to take part in or withdraw your information from the study at any time without affecting your current or future health care. Your doctor will not know whether you took part in this survey. There is no payment for participating in the survey.

Complete and sign the form on the back of this page and put it in the drop box in the waiting room.

Thank you, your participation will contribute to improving the health services you and your family receive.

PLEASE COMPLETE THE BACK OF THIS PAGE

