

Smoking Cessation Program Consent Form

Background: Pharmacists Manitoba and community pharmacists are delivering a smoking cessation program with support from private businesses and the Government of Manitoba. This program will be evaluated to let us know how well the program is working for you and everyone else who volunteers to participate. The results from the evaluation will help us make decisions on how we can improve the program and how the government will continue to support this program. If you wish to be included in this initiative, we need your consent to use your data in the evaluation.

Your information will be kept confidential and secure:

- All information you provide will be kept confidential. This means your name, identification numbers and other personal information will not be accessed except by the pharmacists who provide services and the program evaluators.
- All information you provide will be kept in secure locations.
- The information you provide will be linked to Health data and other administrative data. All linked data will be kept confidential and secure. These linked data will be used to help improve the program and are necessary for the evaluation of the program.

Pharmacists Manitoba and the evaluator will collect the following information that will be used in the evaluation:

- An initial assessment questionnaire.
- Follow-up assessments: There could be between 1 to 9 follow-up meetings between yourself and the pharmacist.
- Information about the smoking cessation services and products you receive while you are in the program.
- A short interview 1 year after your assessment and another short interview 2 years after your assessment.
- A short interview to discuss your opinions regarding the Smoking Cessation Program.

Please check off each line below, and then sign this consent form.

I consent to participate in the evaluation of the Smoking Cessation project.

I understand my personal information will be collected and used for evaluation and research purposes only.

I understand that the evaluator and the Government of Manitoba will have access to this data for the purposes of research and evaluation only, and is authorized to the use data under the Freedom of Information and Protection of Privacy Act and the Personal Health Information Act.

Patient Name, signature and date

Witness Name, signature and date

Frequently AQ

Can you describe the smoking cessation program in more detail?

Pharmacists Manitoba is delivering a Smoking Cessation (SC) project through a Social Impact Bond (SIB). The Social Impact Bond is a partnership between Pharmacists Manitoba, investors, and the Government of Manitoba. Investors have provided the funding for the Smoking Cessation project in Manitoba and the Government of Manitoba will repay the investor based on the success of the program. The success of the Smoking Cessation project will be evaluated by Qatalyst Research Group.

Do I have to consent to share my data in order to participate in the smoking cessation program?

To participate in the smoking cessation program, all participants must consent to participate in the evaluation.

How will my data be collected?

- Information you provide for the evaluation will be collected by Pharmacists at the location you visit and stored in a secure location.
- Qatalyst Research Group will also contact you to collect additional information regarding your smoking habits and participation in the smoking cessation program.
- The information you provide will be securely transferred to Qatalyst Research Group who will analyze the results to determine the success of the program.
- Your information may be linked to information held in government databases, such as health records, for evaluation and research purposes only
- All information you provide will be used only for the purposes of evaluation and research and does not affect your current or future use of services.

What data will be collected?

- Initial assessment questionnaire completed by your pharmacist
- Up to nine (9) follow-up assessments completed by your pharmacist
- Documentation of smoking cessation services and products used for the duration of the program
- Two short follow-up interviews conducted 1 year and 2 years after the initial assessment
- Interview to discuss your opinions regarding the Smoking Cessation Program

How will my data be protected?

- Personal information collected by your pharmacist will be protected and stored in accordance with privacy laws as per standard protocols at your pharmacy
- When information is provided to evaluators, confidentiality will be maintained
- Electronic data will always be kept on safe computer storage spaces that have firewalls to prevent people from being able to see your data
- Results that could identify an individual will not be released

Who can I contact for more information?

If you have any questions about the evaluation, please call Slavica Stevanovic, Qatalyst Research Group, the Lead Evaluator, at: (778) 379-5590 (ext. 2).