



Voluntary Participation in a Clinical Research Study by a CHRISTUS Health or CHRISTUS Health Affiliate Employee

I am interested in participating in a clinical research study being offered through a CHRISTUS Health affiliated entity.

I understand that my participation in this or any clinical research study is not required by CHRISTUS Health and its affiliates (CHRISTUS Health) and my decision to participate or decline to participate in this study will have no impact on my employment status or benefits. My consent or refusal to participate in the study is completely unrelated to my employment, and will neither enhance nor diminish my employment status or benefits, or be considered in making any employment-related decisions.

My participation in this study is my personal, voluntary decision. I have received the information provided to prospective participants in this clinical research study, I have reviewed it and have had an opportunity to have all of my questions about the study answered to my satisfaction. I understand and agree that the informed consent form from the clinical research study will explain the nature, risks, and benefits of the study and how my protected health information will be used and disclosed in the clinical research study. I understand how I can discontinue my participation in this study.

Study Number

Study Name

Study Participant's Printed Name

Study Participant's Signature

Date