



Comprehensive Referral Program

Suggested Recruitment Materials (BHR to Collaborator)

Reminder of steps for current BHR Participant Invite to COLLABORATOR study (THIS IS FOR CHR ONLY, NOT A PART OF THE CONSENT FORM):

Step 1: The participants in the BHR Study will be invited, by email, to the Collaborator study. We will use the Co-Enrollment System to enable data linkage between the Collaborator study and BHR. Please see the BHR Co-Enrollment System in Other Study Documents explaining this system.

Step 2: Since these are active BHR members and have signed the BHR consent form, the Collaborator study invitee will have to sign a “modular consent” to share selected BHR data with the Collaborator.

Step 2.1: If HIPPA applicable PHI is planned to be shared with the Collaborator, these members will also be provided with an electronic HIPAA to sign through UCSF DocuSign.

Step 3: Once the modular consent is signed (and HIPAA if necessary), the co-enrolled participant will be directed to the collaborator study website (if they have one) or will be provided with contact information for the collaborator study. If the collaborator wishes to contact the BHR participant directly, we will pass on their contact information after the BHR participant signs this form. If other data is also requested from the Collaborator, BHR will only provide to the Collaborator after we have confirmation the BHR participant enrolled in their study.

Consent language below: Version 1

BHR to Collaborator Modular Consent Form:

You have been invited to participate in the **COLLABORATOR Study** by the Brain Health Registry. The Brain Health Registry is working together with **COLLABORATOR** to ***<insert reason why we are working together>***. We would like to share your data collected by the Brain Health Registry with the **COLLABORATOR**.

The data we would like to share with **COLLABORATOR Study** is listed below:

<<BHR lists data that we will share.>>

Additional text if collaborator wants additional data other than contact information: If you enroll in the **COLLABORATOR Study**, Brain Health Registry will also share the following information:

<<BHR lists data that will be shared if participant enrolls in collaborator study.>>

If you click the “I Agree” button below, you are allowing the data listed above, collected from you at the Brain Health Registry, to be shared with **COLLABORATOR**.

As with the Brain Health Registry consent form you signed, the **COLLABORATOR**’s study consent form will have a lot more information about the **COLLABORATOR** Study, including details about study procedures, the risks and benefits to participate in **COLLABORATOR** Study and all the security measures they use to protect participants and their data.

For now, we just want to make sure you are OK with us working together with **COLLABORATOR** and sharing the above listed data with them.

If you wish to share your data, please click on the button below that says “I Agree”.

Alternative text if HIPAA is required: If you wish to share your data, please click on the button below that says “I Agree”. After you click “I Agree”, you will be asked to sign an additional document called a HIPAA that gives further permission to share your health information. After you sign the HIPAA, you will then be directed to the **COLLABORATOR STUDY**. Your security is our number one priority, which is why we are asking you for additional permission to share your personal health data.

If you do not wish to participate, please click on the button below that says “I Decline.” Please remember that your decision to share or not share the above listed data with **COLLABORATOR** will NOT affect your participation in the Brain Health Registry.

Button Text: [I Agree] [I Decline]

Who Can Answer My Questions?

- Talk to Brain Health Registry research staff at info@brainhealthregistry.org
- Talk to **COLLABORATOR** research staff at <Collaborator phone number> or <Collaborator study email>.

Consent language below: Version 2

Brain Health Registry is partnering with [collaborator] to [insert reason why we are working together].

Brain Health Registry (BHR) would like to share your [insert study data that will be shared - such as cognitive test data, questionnaires and/or contact information] collected in the BHR study with [collaborator].

If you click the “I Agree” button below, you are giving BHR permission to share [your study data and/or contact information].

Alternate text if collaborator requires that BHR requests linked data: If you click the “I Agree” button, you are also allowing BHR to request your linked [study data] from the [collaborator study].

Please note you are not yet enrolled in the [collaborator study]. [Describe brief instructions on how BHR member will be invited to participate in collaborator study].

Alternative text if HIPAA is required: You will be asked to sign an additional document called a HIPAA that gives further permission to share your protected health information with [collaborator]. Your security is our number one priority which is why we are asking you for additional permission to share your personal health data.

If you click the “I Decline” button below, your [study data and/or contact information] will not be shared [and BHR will not request your linked [study data] from the [collaborator study].

Alternate text if data sharing is required for collaboration: In this case, you may not participate in the [collaborator study] as sharing data is a requirement.]

Please remember that your decision to share or not share your BHR data with [collaborator] will NOT affect your participation in the Brain Health Registry.

Button Text: [I Agree] [I Decline]

For questions, please contact: [BHR and/or collaborator contact information]