

Nevada Cancer Survivor Focus Group

AGREEMENT TO PARTICIPATE IN Nevada Survivorship Focus Group AND CONFIDENTIALITY AGREEMENT

Title: Nevada Cancer Survivor Focus Group
Institution: Nevada Cancer Coalition and Nevada Division of Public and Behavioral Health
Evaluation Team: Kristen Power, Nevada Cancer Coalition
Lily Helzer, Nevada Division of Public and Behavioral Health

Name: (Please print) _____

Date: _____ **Site Location:** _____

I. Focus Group Purpose

According to the American Cancer Society, there are about 120,000 cancer survivors living in Nevada. Cancer diagnosis and treatment has many impacts on an individual, ranging from physical, to emotional, social, spiritual, financial, and legal impacts. The experiences of cancer survivors in Nevada are in many ways unique. It is important to better understand the experiences and needs of cancer survivors so as the number of survivors continues to grow we can develop resources and programs in Nevada to meet their needs. The best way for us to understand the experiences and needs of cancer survivors is to talk directly with you.

II. Focus Group Procedures

You are being invited to participate in the Nevada Cancer Survivor Focus Group, which uses small group discussion to obtain information on experiences as a cancer survivor in Nevada. Any cancer survivor in Nevada is invited to participate.

You will be asked to participate in a two-hour small group discussion led by a moderator. The moderator will ask questions about your experiences as a cancer survivor, from diagnosis through treatment and life after treatment, and including experiences related to social, emotional, medical, financial, and legal needs. The discussion in the focus group will be audio recorded and transcribed following the session, but you will not be identified individually on the transcripts.

You will be offered a \$20.00 Visa gift card at the end of the focus group in appreciation for your time and willingness to share your experiences.

III. Risks and Discomforts of the Focus Group

Some of the questions we ask you may be upsetting or make you uncomfortable. Talking about your experiences with other people in the room may also make you uncomfortable. If you do not wish to answer a question, you do not have to. If you do not wish to participate anymore you can stop at any time.



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IV. **Contacts**

If focus group related problems should occur, or if you have any questions any time about the focus group, you may contact Lily Helzer at 775-684-4122 or Kristen Power at 775-737-4056.

V. **Benefits**

Your participation in the Survivor Focus Group will help Nevada Cancer Coalition and its partners and members to better understand and work to meet the needs of cancer survivors in Nevada. Your opinion is vital to our evaluation of survivorship needs, as you have a unique experience as a cancer survivor.

VI. **Confidentiality**

The evaluation team will protect the confidentiality of the data during and after the focus group. However, the nature of focus groups means we cannot guarantee confidentiality since other people will be in the room with you. Please respect the privacy of the other participants and not repeat what is said in the focus group to others.

Non-Disclosure Statement:

____ I agree to maintain the confidentiality of the information discussed by all participants during the focus group session.

If you cannot agree to the above stipulation please see the evaluation team as you may be ineligible to participate in this focus group.

VII. **Compensation for Injury**

Nevada Cancer Coalition and the Nevada Division of Public and Behavioral Health have not set aside any funds for financial compensation for costs of medical treatment should you be injured as a result of participation in this focus group.

By signing this form you are neither waiving any of your legal rights against nor releasing the Nevada Division of Public and Behavioral Health, or any of their respective agents from liability for negligence with respect to this focus group. If you believe your injury justifies pursuing a legal remedy, you have the right to do so.

VIII. **Leaving the Focus Group**

Your participation in the focus group is voluntary and you can end your participation at any time.



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IX. Confidentiality

You voluntarily agree to participate in this focus group. You have had the chance to ask the evaluation team any questions you have regarding the focus group.

YOU HAVE RECEIVED A COPY OF THIS SIGNED CONFIDENTIALITY AGREEMENT.

Subject (Print)	Signature	Date
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