

<IMPLEMENTING AGENCY LETTERHEAD>

<Project Director Name, Address, and Telephone Number>

Virtual PLACE Form C Fact Sheet for Informed Consent to Participate in an Interview about Internet, Social Media, and Telephone Use

IRB Study #

Title of Study: Priorities for Local AIDS Control Efforts (PLACE)

Principal Investigators:

- **<Name>**
- **<Phone Number>**

Sponsor:

Introduction:

This study has been approved by < > and the < > .

Your participation in this study is voluntary, and you may end your participation in the study at any time. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled, and you may discontinue participation at any time without penalty or loss of benefits.

This study involves research. The purpose of the research is to identify ways to improve HIV prevention and treatment programs to prevent more people from acquiring HIV. I would like to ask you a few questions to get some information necessary to develop and monitor the programs. I would like to ask you some questions about your behavior, including your sexual behavior. The interview should take 30 minutes of your time. Your name will not appear anywhere on the survey and I will not ask your name.

Some people feel anxious or embarrassed when asked questions about their behavior. Your participation is completely voluntary and you may decline to answer any specific question or completely refuse to participate. We would greatly appreciate your help in responding to these questions, even though we are not able to pay you anything.

Confidentiality:

All data obtained through the interview will be stored in a manner such that the information about individual respondents is kept strictly confidential.

Any information that links you to a specific site or that could be used to ascertain your identity will be kept strictly confidential by the study team.

If you have any questions about this research study, you can contact <name> at telephone number < >.

Consent

By allowing the interviewer to mark an X in this box on my behalf, I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this survey have been explained to me.

Put X in box:

Signature of Interviewer: _____

Date: _____