

RETAIN-CT Consent Form

Principal Investigator (PI): William S. Shaw, Ph.D.

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Title of Research Study: Retaining Employment Talent After Injury/Illness Network (RETAIN)

Sponsor: US Department of Labor/CT Department of Labor

Overview of the Research: You are being asked to provide consent to participate in a research study. This research is being done to determine if having the assistance of a RETAIN-CT work navigator is helpful to reduce the risk of long-term work absence or disability for workers who have musculoskeletal injury, pain or illness. Participation is voluntary. If you say yes now you can still change your mind later. If you agree to participate, you will be asked to complete a brief initial survey today and then three follow-up questionnaires over 6 months. The questionnaires contain questions about demographics (e.g., age), your health, work demands and work setting. You may be randomly assigned (like the flip of a coin) to receive help from a RETAIN-CT work navigator who will talk to you about your musculoskeletal condition, the demands of your job, and concerns you have about your current or future function at work as well as your recommendations on solving problems. The RETAIN-CT work navigator will help you solve problems at work and communicate your needs effectively to your employer or health care providers. Study participation will involve minimal risks to you (see “Risks to Confidentiality” below). You may choose not to answer any survey questions.

Voluntary Participation: You are invited to take part in this study because you are currently employed or self-employed and you have a musculoskeletal disorder that may affect your work now or in the future. If you choose to participate in this research study, you can withdraw at any time. If you decide not to participate your decision will not affect your present or future medical care and there will be no penalty or loss of disability or workers’ compensation insurance benefits to which you may be entitled.

Length of Participation: Your participation will last for 6 months and will include the time to complete 4 surveys (about 15 minutes each). In addition, if you are randomly chosen to work with a RETAIN-CT work navigator, this would include several additional telephonic and/or in-person meetings (including at your job) depending on your needs (2-4 hours total).

Risks to Confidentiality: Electronic research files will be kept on password-protected and encrypted computers. While we will protect the confidentiality of information you provide using a number of security measures, confidentiality cannot be guaranteed. There is a small chance that people outside of the research team may learn of your study participation. However, the information collected for this research study will only be accessible to authorized persons, including study team members and representatives of UConn Health, the Connecticut Department of Labor, the Social Security Administration (SSA), Mathematica (a federal evaluation contractor), Office of Management & Budget, the US Department of Labor (DOL), and ADNET Technologies. Representatives from these agencies have access to the information so they may ensure that the study is being done correctly. Researchers at UConn Health are receiving money from the U.S. Department of Labor (DOL) to do this study. The DOL requires that we share information we gain from this study with the authorized persons listed above, and this will be used for statistical data analyses to see if this study helps workers. Further, researchers at Mathematica will use this information to study whether the RETAIN program has improved work outcomes using SSA program and earning records. There is a small risk of an accidental release of personal information. SSA, Mathematica, and the Connecticut DOL have extensive procedures in place to prevent this from happening. They would inform you immediately of any specific threat to your privacy.

Possible Benefits from Participating: If you participate, this may help you overcome workplace challenges related to your health and ability to stay at work or return to work. Also, other people and workers may benefit in the future from study results. There is also the possibility of no benefit.

Possible Costs to Participating: The services of a RETAIN-CT work navigator are free of charge. We will try to limit any impact on you, but you may have to take time away from work to participate in study visits, or you may incur some travel costs to get to study visits.

Payment for Participating: For your participation in this research you will receive an Amazon gift card for \$50 after you complete the initial enrollment survey today and then an additional \$50 gift card after each of the 3 follow-up surveys (\$200 total). Gift cards will be mailed or e-mailed to you within 10 days after each survey.

Withdrawing from Participation: You can always choose to stop participating in this study, but your information will continue to be part of the data and included in the final analysis. To withdraw from the study, please send a written notice to the Principal Investigator, William S. Shaw, Ph.D., UConn Health, 263 Farmington Avenue, Farmington, CT 06030-2945.

Protected Health Information: This consent also authorizes your doctors and other health care providers to disclose your protected health information to Dr. William S. Shaw and his staff for the purposes of this research study. This will include your diagnosis, the nature of your injury or musculoskeletal condition, the date of symptom onset, and work status. This authorization will continue until the end of the research.

Protected Unemployment Insurance (UI) Benefits and Wage Records: Unless you are self-employed, the Department of Labor may have quarterly wage records pertaining to you on record for purposes of the Unemployment Insurance (UI) program. Those records (as well as any benefit information on record) that are maintained at the Connecticut Department of Labor are protected under state and federal statute (CGS § 31-254, 20 CFR 603), and may only be released for limited purposes provided in law, or with your written consent. This consent authorizes the Connecticut Department of Labor to release Quarterly Unemployment Insurance Wage records pertaining to you from the quarter prior to this consent and enrollment into the RETAIN program, earnings in the quarter of enrollment, as well as earnings in the 1st, 2nd, 3rd and 4th quarters after enrollment with the understanding that any employer registration numbers found on such records cannot be covered by this release and will be redacted prior to disclosure. The above confidential information will only be used by the organizations listed in the Risks to Confidentiality section of this document for the specific reasons outlined in the Overview. This information may not be redisclosed beyond the parties identified in this release without your specific permission. This authorization will continue until the end of the research.

Questions: The Principal Investigator is willing to answer any questions you have about the research. You are encouraged to ask questions before deciding to take part or to ask questions during your study participation. If you have questions, complaints or concerns about the research, you should call the Principal Investigator, William S. Shaw, Ph.D., at (860) 679-8946.

Consent to Participate: By signing this form you acknowledge that you have read, or have had read to you, this informed consent document, and voluntarily consent to participate in this project as described in this form.

Printed Name: _____

Signature: _____

Date: _____