

## CONTACT INFORMATION SHEET

Thank you for choosing to participate in our important research study!

Our research team would like to contact you from time to time for feedback and to learn more about your experience as a participant in this study. Your feedback is important to us and could help us make important changes to the study procedures.

The contact information you provide below will remain confidential. Other than your therapist, only the graduate research assistants, Sara and Kristina, will have this information. All other information collected from you will be de-identified and given a code number.

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Alternative Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

By providing us with your e-mail, you grant us permission to contact you by e-mail. E-mail messages will be used to arrange a time for our research team to contact you by telephone or to exchange non-confidential information. Because e-mail is not a secure method of communication, it will not be used to communicate confidential and/or health information.

THANK YOU!