

RHA Central CHA Community Consultation - Group Consent Form

Regional Health Authority
Central Manitoba Inc.



Office régional de la santé
du Centre du Manitoba inc.

“Accessibility”

COMMUNITY HEALTH ASSESSMENT FOCUS GROUP PARTICIPATION CONSENT FORM

“Access to the most appropriate care in the most appropriate settings”

You are being invited to participate in a focus group for Regional Health Authority – Central Manitoba Inc. to discuss the theme of Accessibility to health care in our region. You will be participating in this focus group as a member of the Regional Leadership Forum. You have been asked to participate in this discussion because of your experience in healthcare and your relationship with the Regional Health Authority.

Cynthia Carr will lead the discussion. Cynthia is a consultant who is working as a focus group facilitator for the Regional Health Authority. The discussion is expected to last for about 1 hour to 90 minutes. The discussion will centre around the themes of:

- Culturally sensitive health care in RHA Central
- Timely and effective access to care
- Collaboration across jurisdictions
- Client Satisfaction
- Community Engagement and Partnership

The information you give to us in the discussion will remain confidential. If we choose to reference any of your words used in the discussion, we will attribute them only to “a focus group participant”. Your name, or any other identifying information, will not be used in a final report or in any other document available to the public.

If you have any questions or concerns about your experience in this focus group, please contact Claudette Lahaie.

Thank you for your participation.

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RHA CENTRAL MANITOBA INC. FOCUS GROUP CONSENT FORM

I have read the statement on the previous attached page regarding my participation in a focus group discussion regarding my interpretation of, and opinions about, Accessibility to healthcare in RHA Central.

I understand that:

- I am participating in this focus group because of my experience in health care and my relationship with the Regional Health Authority.
- There are no anticipated harms or known benefits to me resulting from my participation in this focus group.
- Information I give during the discussion may be used in the Community Health Assessment report but I will not be identified along with the information.
- My name will not be published.

Yes

No

I agree to participate in this focus group.

Yes

No

Printed Name of Participant

Signature of Participant

Date