



Consent Form

Study: Investigating the impact of COVID-19 and its response on people with Severe Mental Illness (IMPACT COVID19-SMI Survey)

Please add a tick the boxes below when agreed by the participant:

- A researcher has explained the study and what is required to take part. I have had an opportunity to ask questions or discuss any concerns about the study.
- I was given sufficient time to decide whether I am willing to participate in this study.
- I am aware that participating in this study is completely voluntary and deciding not taking part will not affect my current or future health care.
- I am aware that I can stop participating in this study at any time without giving a reason and without it affecting my current or future health care.
- I give permission for study researchers to collect information from the interview with me and enter this information into a secure electronic database anonymized for analysis with the purpose of studying the impact of coronavirus outbreak in the country on people with SMI.
- I give permission for my personal information (i.e. identifiable data) to be stored for 10 years in a secure database. I am aware that I can request this to be deleted at any time.
- I give permission for the anonymized data of this study to be shared among the national and international members of the IMPACT project following the European General Data Protection Regulation (GDPR) standards so it can later be used for publications in scientific journals and educational purposes, as well as future studies that are part of IMPACT.
- I hereby confirm my voluntary participation in this project.
- Yes I give researchers from the IMPACT team permission to contact me again for follow up questions
- No

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Participant's name **Agreed to participate?** **Date**

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Researcher's name **Researcher's signature** **Date (dd/mm/yyyy)**

Patient Identification Number _ _ / _ _ / _ _ _ _