

# CONSENT AND RELEASE OF INFORMATION FORM

## FOR TEST, LINK, CALL (TLC) PROJECT

By checking the boxes below and signing on the next page, I confirm that I am eligible to participate in the TLC Project, I understand what is involved, and I agree to the following:

- I confirm that I want to start DAA treatment to clear my hep C infection
- I confirm I would like support to help plan and complete my hep C treatment
- I understand that if I choose to **participate in the TLC Project**, I can receive a cell phone that will have a \$0 rate plan giving me unlimited talk & text in Canada for 6 months after I receive it. I understand that the plan on my cell phone will not continue after the initial 6-month period, and at that time I will be given the option to either join onto a pre-paid plan, or stop using the phone. Either way, the phone will be mine to keep and use as I choose. I am aware that I will not be asked to return the phone.
- I agree that it is my responsibility to keep the phone safe and in good condition. The BC Centre for Disease Control, BC Hepatitis Network and the TLC Project Team are not responsible for repairs to damaged cell phones.
- I agree that if the phone is stolen, it is my responsibility to let my care team know as soon as possible so that the phone plan can be deactivated. I understand that if my care team has not been able to contact me for a period of at least 4 weeks, that my cell phone will be assumed to be lost/stolen, and it will be deactivated and blocked from all cell phone networks in Canada.
- In accepting this phone, I agree to use the phone responsibly, and within the bounds of the law. This means that the phone must not be used for any illegal activity and also must not be used in situations where it is illegal to do so (for example, texting while driving). If I choose to use the phone in one of these ways, I do so at my own risk.
- I understand that to receive my new cell phone, I must agree to a Peer or Support Worker helping to make referrals for me to services and support for hep C treatment.
- I consent to my new cell phone number being shared with a hep C treatment provider
- I consent to the release of my hep C test results to BC Centre for Disease Control, and to a hepatitis C treatment provider in the community.
  - OPTIONAL:** I consent to my new cell phone number being shared with a trusted friend or family member who I have nominated as my alternate contacts. I give consent for the TLC Project Team to contact my alternate contacts if my hep C treatment provider or peer support team are unable to contact me. Those people are:

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*Family/friend name and contact number/email*

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*Family/friend name and contact number/email*

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- OPTIONAL:** I consent to my new cell phone number being shared with the following other providers/people (e.g. OAT clinic or Case Worker):

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*Name and contact number/email*

- I have been given sufficient time and opportunity to ask questions about the information above, and have received satisfactory clarification and advice.
- I consent to participate in the Test, Link, Call (TLC) Project, and agree for my de-identified personal health information to be collected for the purposes of evaluation of the impact of it.

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*Participant First and Last Name and Signature*

*Date signed*

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*Witness, Name and Signature*

*Date Signed*

**EMAIL COMPLETED FORM TO [STBBI\\_pathways@bccdc.ca](mailto:STBBI_pathways@bccdc.ca)**