

Usability Test

Informed Consent

CliniComp Intl. would like to thank you for participating in this study. The purpose of this study is to evaluate an electronic health records system. If you decide to participate, you will be asked to perform several tasks using the prototype and give your feedback. The study will take place in a computer lab alongside other participants. At the conclusion of the test, you will be compensated for your time.

Agreement

I understand and agree that as a voluntary participant in the present study conducted by *CliniComp Intl.* I am free to withdraw consent or discontinue participation at any time.

I understand and agree that the purpose of this study is to make software applications more useful and usable in the future.

I understand and agree that the data collected from this study may be shared outside of *CliniComp Intl.* and its clients. I understand and agree that data confidentiality is assured, because only de-identified data – i.e., identification numbers not names – will be used in analysis and reporting of the results.

I agree to immediately raise any concerns or areas of discomfort with the study administrator. I understand that I can leave at any time.

Please check one of the following:

- YES, I have read the above statement and agree to be a participant.
- NO, I choose not to participate in this study.

Signature: _____

Date: _____

Printed Name: _____

Participant ID: _____