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Declaration of consent - copy for the study participant

I was sufficiently informed in writing and orally about the GET.FEEBDACK.GP research project. I had the opportunity to ask questions and clarify them.

With my signature I declare the following:

I agree to fill in a questionnaire about myself and my general and mental health as part of the research project mentioned above. I agree that I may be called for further interviews after one, six and twelve months. I agree that I and/or my family doctor may be informed of the results of the questionnaire if necessary. I agree that the study staff in my practice may ask for and document the chronic diseases documented by my family doctor in my file, and I release the practice from its duty of confidentiality for this information only. I agree that after completion of the study, study staff may contact me with an invitation to further interviews if necessary. I am then free to decide whether I would like to participate in further surveys or not.

I have read and understood the information on the legal basis and the data protection passus for pseudonymisation (encryption). The information collected within the framework of the research project may be used in pseudonymised form for research purposes.

With my signature I declare that I agree with the procedure described above. I have received a copy of the information sheet and this declaration of consent and understand the contents and agree to participate in this research project.

My participation in the study is voluntary. I know that I can revoke this consent at any time and without giving reasons. I will not suffer any disadvantages as a result.

Surname _____ First name _____

 Place, date

 Signature participant

 Place, date

 Signature study staff