



ONCOMMUNITIES INFORMED CONSENT (ICOnnecta't)

Accompaniment program: health education and psychosocial support

The Psycho-oncology Unit of the Catalan Institute of Oncology is conducting an innovative European program, called Oncommunities, which aims to improve and complement healthcare through online resources. This program, called ICOnnecta't in Catalonia, offers health education and psychosocial support to women diagnosed with breast cancer or hematological diseases during the first year of primary cancer treatment.

With this document, we request your voluntary participation in the program. To help you decide if you want to participate, we describe that this program aims to respond quickly to health and psychosocial education needs detected during cancer treatment. The data derived from this program could be used for research purposes with the aim of improving psychosocial care in patients with breast cancer or hematological diseases.

If you agree to participate in the program, you will be asked to download some applications on your mobile phone. Periodically, the application will ask you to answer some questions to know your physical and emotional state. The professionals of the program will be able to contact you through messages or videoconferences, in order to improve your well-being. In addition, the application will allow you to register side effects of oncological treatments, providing some guidance on how to manage them.

All the information obtained will be confidential, following compliance with the current European Regulation 2016/679 of April 27 and Organic law 3/2018 of Protection of Personal Data and Guarantee of the Digital Laws of December 5 on data protection. In addition, if you wish to contact the data protection delegates of ICO L'Hospitalet you could contact them through the following email address: lopd@iconcologia.net.

The inclusion in this program is strictly voluntary. Therefore, your refusal to participate will not cause you any detriment. Likewise, if any of the questions raised make you feel uncomfortable, you can communicate it to the professionals and not answer them.

Finally, if you have questions or require more information about the program, you can contact the professionals in charge through the following email address: iconnectat@iconcologia.net.

Last revision date: November 2020

I, Ms. _____

with ID number _____ STATE:

1. To have been clearly and understandably informed, having been able to consult all my doubts about the procedures and aims of the program.
2. To know that my participation in this program is completely voluntary, understanding that I can freely withdraw at any time without altering the healthcare process.
3. To know that all the information I provide to professionals will be completely confidential, and only they will know the identity of program participants.
4. To know how to contact professionals in charge to obtain more information about the program.
5. To accept that, in some cases, the videoconferences may be recorded for teaching, research or supervision of the service, always with my prior verbal consent.
6. To have been informed that my data may be used for research purposes, and that the confidentiality of my data will always be maintained.

Signature of the professional

Signature of the participant

_____, _____ 20__

Last revision date: November 2020