

Privacy and Confidentiality

All information is kept strictly confidential. Only research personnel from the Center for Cognitive Medicine and authorized University/government agencies (as mandated by law) will have access to information in the registry.

How does it work?

If your personal information (such as age, gender, and diagnosis) meet the needs for a particular study, researchers at the Center for Cognitive Medicine will contact you directly. If you are contacted by a researcher and agree to participate in a research study, participation is voluntary and will typically require one or more visits to the Center for Cognitive Medicine at the University of Illinois at Chicago.

- Participation in the Center's Research Registry is voluntary. Completing this form does not obligate you to participate in any studies.
- You can stop your participation or have your Registry information removed at any time even if you have been participating in a research study.
- At the end of your participation in a study, the Registry Manager may contact you and invite you to comment on your research participation experience.

Study Participation

If you are contacted by a researcher and agree to participate in a research study, participation is voluntary and will typically require one or more visits to the Center for Cognitive Medicine at the University of Illinois at Chicago.

Contact Information

CCM Registry
c/o John Sweeney
University of Illinois Chicago
Center for Cognitive Medicine (M/C 913)
912 S. Wood Street, Suite 235
Chicago, IL 60612
Fax: 312.413.8837

The information you submit may be retained and used indefinitely. However, you may end your participation in the Registry or update your contact information at any time by contacting the Registry Manager (312 355-4799), by writing Dr. John Sweeney or the Registry Manager, or by submitting your request online at <http://ccm.psych.uic.edu/research/registry/join.aspx>. If you decide you are no longer interested in participating in this registry, your name and personal information will be removed from the registry within seven days of receiving your request. If you have questions, or need additional information, feel free to contact Dr. John A. Sweeney or the Registry Manager at (312 355-4799) or email: ccmregistrymanager@psych.uic.edu.

What is the Registry?

The registry is a database of individuals who may want to volunteer for clinical research studies. The information gathered through the registry will be made available to researchers in the Center for Cognitive Medicine to help them identify individuals who meet the needs of a particular study. Research studies might involve testing new treatments or studies using new methods to learn about the causes of psychiatric and neurological disorders.

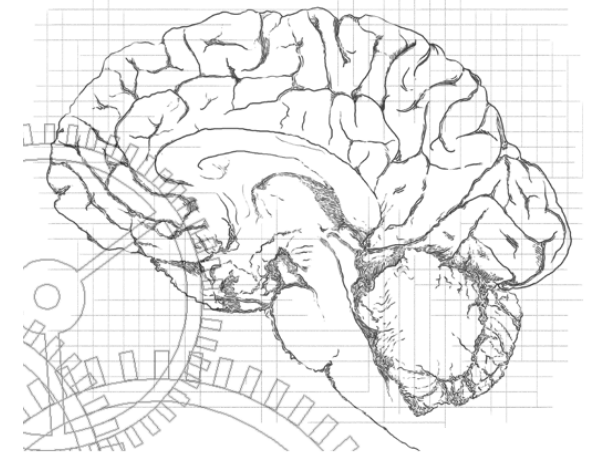
How do I sign up?

Complete this form to be added to the Center's Registry database. Completing this form does NOT obligate you to participate in a study. What it will do is allow CCM to keep your name on record so that we can contact you to discuss your potential participation in future research studies.

Center for Cognitive Medicine RESEARCH REGISTRY

Participants Needed for Research Studies of:

- Schizophrenia
- Schizoaffective Disorder
- Bipolar Disorder
- Manic Depression
- Depression
- Autism
- Aspergers Disorder
- PDD
- Traumatic Brain Injury



<http://ccm.psych.uic.edu>

Please read the following information before submitting this document.

You are being asked to permit Dr. John Sweeney, Department of Psychiatry, College of Medicine and his research staff to use and disclose personal health information (demographic information and medical history) that identifies you as a candidate for the Center’s Research Registry

As indicated above, the information you provide will be added to the Center’s Research Registry and used to help researchers at the Center for Cognitive Medicine identify and recruit individuals who are eligible for participation in current or future research studies.

Potential Risks:

There are no risks of physical harm associated with participation in this registry. Participation does involve the potential risk of loss of confidentiality. However, this risk will be minimized by removing your name and address from other information stored in the registry database and storing it separately in a secure location; securing the file containing your personal information, and limiting access of your information to the Center for Cognitive Medicine research teams, Office for Human Research Protection, University of Illinois at Chicago Institutional Review Board and representatives from applicable government agencies as mandated by law.

Representatives from government agencies, i.e. Office for Human Research Protection, University of Illinois at Chicago Institutional Review Board and representatives from other government agencies may not be legally required to follow the procedures and limitations outlined in this document and may release your health information to others. However, all reasonable efforts will be made to keep your personal health information private and confidential.

What if I am a UIC student?

You are free to withdraw your participation in this registry at any time. This will not affect your class standing at UIC. You will not be offered or receive any special consideration if you participate in this registry.

What if I am a UIC employee?

Your participation in this registry is in no way a part of your university duties and deciding not participate will not in any way affect your employment with the university or the benefits, privileges, or opportunities associated with your employment at UIC. You will not be offered or receive any special consideration if you participate in this registry.

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Age: _____ Height: ft _____ in _____ Weight: _____ lbs Gender: Male Female

Phone 1: (____) _____ - _____ Mobile: (____) _____ - _____

Phone 2: (____) _____ - _____ Alternate: (____) _____ - _____

Email (if available): _____

How do you prefer to be contacted? Phone Email Postal Mail

Additional contact information: _____

Optional (This information may be helpful in determining if you qualify to participate in a research study.)

Handedness? L R How much do you smoke per day? None <1 pack/day 1+ pack/day

How many alcoholic drinks do you have in a typical week? None 1-3 4-7 8-14 15+

Please list any psychiatric diagnoses: None Please list any major physical illnesses: None

Please list any psychiatric medications: _____ Please list all other prescription medications: _____

Have any of your first degree family members (i.e., mother, father, brother, sister, or children) ever been diagnosed with any of the following (check all that apply)?

_____ Schizophrenia or schizoaffective disorder

_____ Bipolar or Manic Depression

_____ Depression

_____ Other form of serious mental illness (specify)

Signature: _____ Printed Name: _____ Date: _____

Please return completed form to CCM Registry (M/C 913), 912 S. Wood St., Ste 235, Chicago, IL 60612