



The University of Oklahoma

OFFICE OF HUMAN RESEARCH PARTICIPANT PROTECTION

June 19, 2003

Dr. David D. Barney
University of Oklahoma
Social Work
CAMPUS MAIL

SUBJECT: "LCDA IPV/SV Core Project"

Dear Dr. Barney:

The Institutional Review Board has reviewed and approved the requested revision(s) to the subject protocol.

Please note that this approval is for the protocol and informed consent form initially approved by the Board on October 17, 2001, and the revision(s) included in your request dated June 3, 2003. If you wish to make other changes, you will need to submit a request for revision to this office for review.

If you have any questions, please contact me at 325-8110.

Sincerely yours,

Steven O'Geary, Ph.D.
Director, Human Research Participant Protection
Administrative Officer
Institutional Review Board - Norman Campus (FWA #00003191)

JSO
FY2001-357

cc: Dr. E. Laurette Taylor, Chair, IRB

LATINO COMMUNITY DEVELOPMENT AGENCY

420 S.W. 10TH Street
Oklahoma City, OK 73109 • (405) 236-0701

PROJECT CONDUCTED UNDER THE AUSPICES OF THE UNIVERSITY OF OKLAHOMA

Proyecto Cambio: IPV/SV Prevention Project

CONSENT FORM

We would like to ask you to take part in a study about services that you receive at the Latino Community Development Agency—that will help us create better social services.

You must be 18 years of age or older to participate in this study. The study involves an interviewer asking you some questions about your opinions and experience with prevention case management and writing down your answers. The data collected is confidential and your name will not be connected with the answer you give us or used in any reports about what we find out.

If you do not wish to be a part of this study, that is okay. If you start to answer the questions and then feel like you want to stop, that is okay too. You may refuse to answer any question we ask. If you refuse, you will not be penalized in any way and will continue to receive your usual services by the Latino Community Development Agency.

During the interview, you may become upset or uncomfortable with the questions asked. If this should occur, you may request that the interview be stopped and if you deem necessary, request that you be referred to a therapist for counseling.

The questions will take about 30 minutes to complete during your first visit and about 45 minutes during your next few visits. Your answers are important to us because we want to learn from your experiences here at the agency. In the next 20 months we will contact you again for more questions. We hope you allow us to do so.

Dr. David Barney at the University of Oklahoma is organizing this survey. If you have any questions, you can contact Dr. Barney at (405) 325-0442 at the University of Oklahoma or Cynthia Tobar at the Latino Community Development Agency at (405) 236-0701. Dr. Barney or Ms. Tobar can answer your questions, or will refer your call to someone else at Centro de Evaluación or at the Latino Community Development agency who can speak Spanish.

This study has been approved by the Institutional Review Board at the University of Oklahoma. This is a group that safeguards the welfare of people who participate in surveys and studies. If you have any questions about the Institutional Review Board review of this study at the University of Oklahoma, or if you have questions regarding your rights as a research participant, you may call the University of Oklahoma-Norman Campus Institutional Review Board (OU-NC IRB) at 405/325-8110 or irb@ou.edu.

By signing below, you are agreeing to take part in the study. Please make sure that all of your questions have been answered and you understand what we want you to do. If you sign and decide to participate in the study, we will leave a copy of this form with you.

Your signature below acknowledges your voluntary participation in this research project. Such participation does not release the investigator, institution(s), sponsor(s) or granting agency from their professional and ethical responsibility to you.

Participant's signature

Date

Printed name of individual obtaining consent

Signature of individual obtaining consent

