



## You are invited to join the CAMH Research Registry

The CAMH Research Registry is used to help researchers identify individuals who may be interested in participating in approved research studies. By sharing your experiences with researchers, we will gain new insights into issues that may be important to you and to others who share similar experiences.

- If you choose to join, information about you will be entered into the CAMH Research Registry.
- The information will come directly from you, or if you are a current or past CAMH client, information may also come from your CAMH Health Record.
- You can contact the CAMH Research Registry office at any time if you change your mind about being a member.
- Registry membership and participation in research studies at CAMH are voluntary. Your ongoing or future care at CAMH, or participation in future CAMH research studies, will not be affected if you do not join, or change your mind about joining, the registry.

## How does the Research Registry work?

- Only CAMH research study staff working on studies approved by the CAMH Research Ethics Board are allowed to access the registry.
- Approved research study staff will use the registry to search for registry members who match research study participation criteria (e.g., age, gender, diagnosis).
- If you are identified as a Research Registry member who matches study participation criteria, you may be contacted about participating in that research study.
- Research study staff will explain the study to you and if you are interested in participating, you may be screened to determine if the study is a good fit for you. You may also be asked if you would like to participate in the study.

## How to reach us

Contact the CAMH Research Registry office at 416 535-8501 ext. 31630 or [research.registry@camh.ca](mailto:research.registry@camh.ca)

### Agreement to enrol in the CAMH Research Registry

I understand that by enrolling in the CAMH Research Registry, the information about me may be accessed and used by approved CAMH researchers for the purpose of identifying me as a potential research participant.

I understand that I may withdraw my consent to participate in the Research Registry at any time.

**I am a current or past client of CAMH:** I understand that as a current or past client of CAMH my name, contact information, date of birth, gender, ethnicity, education, date of registration, clinic(s) attended, diagnosis and treatment/medications from my CAMH Health Record and any other information I may choose to provide directly to the Research Registry Office will become part of the CAMH Research Registry.

**I am a NOT a current or past client of CAMH:** I understand that the personal information being collected and other information I may choose to provide directly to the Research Registry Office is being collected under the Public Hospitals Act.

**I consent to my personal information or personal health information - as described above - being included in the CAMH Research Registry.**