



CONTACT REGISTRY CONSENT/AUTHORIZATION

Title of Project: Registry for Long COVID Mobility Limitations and Fatigue

Principal Investigator: Heather Vincent, PhD, FACSM
Department of Physical Medicine and Rehabilitation
University of Florida

1. Purpose of the contact registry: To create a list of individuals who are interested in hearing about future research projects related to long COVID mobility limitations and persistent fatigue, conditions that can occur after COVID-19 infection, conducted by faculty and staff at the University of Florida.

2. Procedures to be followed: You will be asked to provide your contact information telephone number, email address, name, and geographic subdivision smaller than a state.

3. Duration: It will take about 5 minutes to provide your information.

4. Research benefits: There is no direct benefit to you for being in this contact registry.

5. Research risks: There is a risk that your contact information shared with another researcher in order to contact you could then be passed on to others. The PI may share your contact information with other University of Florida researchers who are performing COVID related studies that you may qualify for.

6. Statement of confidentiality: Your participation in this registry will be kept confidential.

7. Right to ask questions: Please contact the Clinical Research Coordinator, Lydia Pezzullo, at 352-273-8364 with questions or concerns about this contact registry.

8. Payment for participation: There is no payment for being added to this contact registry.

9. Privacy authorization: If you agree to participate in this study, Dr. Heather Vincent (study Principal Investigator) will create, collect, and use private information about you and your health. This information is called protected health information or PHI. In order to do this, the Principal Investigator needs your authorization.

More specifically, the following information may be collected, used, and shared with others:

- Telephone number
- Email address
- Name
- Geographic subdivision smaller than a state
- Date of birth
- Gender

This information will be stored in locked filing cabinets or in secure computer servers with security passwords.

Your PHI may be collected, used, and shared with others for the following study-related purpose(s):

- To determine post-COVID mobility limitations and persistent fatigue.



Once this information is collected, it becomes part of the registry for this study. Only certain people have the legal right to collect, use and share your records, and they will protect the privacy and security of these records to the extent the law allows. These people include:

- the study Principal Investigator, Dr. Heather Vincent, and research staff associated with this project,
- other professionals at the University of Florida or Shands Hospital that provide study-related treatment or procedures, and
- the University of Florida Institutional Review Board (IRB; an IRB is a group of people who are responsible for looking after the rights and welfare of people taking part in research).

Your PHI may be shared with:

- the study sponsor or their representatives;
- United States and agencies who are responsible for overseeing research, such as the Food and Drug Administration, the Department of Health and Human Services, and the Office of Human Research Protections;
- government agencies who are responsible for overseeing public health concerns, such as the Centers for Disease Control and federal, state and local health departments, and
- other researchers whose research is approved by an Institutional Review Board (IRB).

Otherwise, your records will not be released without your permission unless required by law or a court order. It is possible that once this information is shared with authorized persons, it could be shared by the persons or agencies who receive it and it would no longer be protected by the federal medical privacy law.

Your PHI will be used and shared with others until the registry is closed.

10. Voluntary participation: Your decision to be in this registry is voluntary. You can stop at any time. You do not have to provide any information you do not want to. If you do not want to take part, you can give me a written request with your signature on it, and the PI or study team will remove your information from the registry. If you choose not to take part, this will have no effect on your current or future health care at Shands Hospital at the University of Florida. However, you cannot participate in this registry unless you sign this consent and authorization.

If you have any questions about your rights as a research subject, you can phone the Institutional Review Board at 352-273-9600.



11. Signatures: As a representative of this contact registry, the individual signing below has explained to the participant the purpose, the procedures, the possible benefits, and the risks of the collection of you contact and how the participant's protected health information will be collected used and shared with others:

Signature of Person Obtaining Consent and Authorization

Date

You have been informed about the collection of your contact information and how it may be shared. You have received a copy of this form. You have been given the opportunity to ask questions before you sign, and you have been told that you can ask other questions at any time.

You voluntarily agree to allow the collection of your contact information. You hereby authorize the collection, use and sharing of your contact information and any protected health information as described above. By signing this form, you are not waiving any of your legal rights.

Signature of Person Consenting and Authorizing

Date