

Summary of Consent

We invite you to be part of the Michigan Contraceptive Access, Research, and Evaluation Study (M-CARES). M-CARES will study how more affordable contraception can help families. The information provided by you will be used for research that is relevant for public policies, health services, and education programs.

For your help, you may earn up to \$170 for taking surveys. Half of the eligible women will get a gift card of up to \$1,066 to be used for contraceptives at any Planned Parenthood of Michigan (PPMI). This gift card can be used in the next 100 days.

Some important information about agreeing to be in this study:

- You choose whether to participate. It is completely up to you.
- Your decision to participate will not affect your ability to receive services at PPMI.

If you agree to participate, we will ask you to:

- Take two surveys:
 - a 5-minute survey now (\$10) and
 - a 25-minute survey after your visit if you are eligible (up to \$60).
- Take two 30-minute surveys (up to \$50 each) in the next 5 years.

On all of the surveys, you may skip answering any questions you want, and you will still earn money for taking them.

- Share your personal information (for example: your name, date of birth, social security number, and contact information) and give us permission to use your “administrative records” going back 20 years and going forward 30 years
 - “Administrative records” describe records that are collected about you (or your children) by the government or other agencies. They include records on employment, earnings, tax returns, credit history and debt, Planned Parenthood visits, birth and death certificates, education, health insurance claims, criminal charges and arrests, participation in governmental programs, and child welfare and juvenile crime.
- Share your children’s names, dates of birth, and places of birth and give permission to use their administrative records. Your consent today will also apply to the administrative records for any children you may have in future.
- Be contacted about participating in other studies in the future.

Your privacy is very important to us. We plan to publish the study results, but please know that:

- Surveys and administrative data will be used for research only.
- We will not include any information in publications that would identify you.
- Information identifying you will be stored separately from your survey answers and data from your administrative records – in an encrypted data file at the University of Michigan (UM).
- Survey answers will be stored securely in a data bank at UM.
- Data from administrative records will be stored and managed in accordance with very strict laws governing access to them.
- You may take the surveys in a private setting of your choice.
We have obtained a Certificate of Confidentiality from the National Institutes of Health so we cannot be forced to disclose study information that may identify you, even if ordered by a court.

If you have any questions about the study, please call Dr. Paula Fomby, Ph.D. (toll-free) at the Institute for Social Research: (844) 864-8258. If you have any questions regarding your rights as a research participant, please contact the University of Michigan Institutional Review Board, 734-936-0933, 540 East Liberty Street, Suite 202, Ann Arbor, MI 48104-2210, irbhsbs@umich.edu.

You will receive a copy of this form by email and, if you request it, a printed copy today.

Consent to Participate in M-CARES

We invite you to be part of the Michigan Contraceptive Access, Research, and Evaluation Study (M-CARES). M-CARES will study how more affordable contraception can help families. The information provided by you will be used for research that is relevant for public policies, health services, and education programs. [NORC at University of Chicago](#) will collect the consent and survey data on behalf of the University of Michigan. The study is paid for by the [Laura and John Arnold Foundation](#).

Description of Your Involvement

If you agree to be part of the study, we will ask you to take a 5-minute survey on a tablet about your life. To determine if you are eligible for a gift card, we will ask about your age, your fee scale at Planned Parenthood of Michigan (PPMI), your visit today, and about whether you are at risk of an unintended pregnancy. We will use these responses in M-CARES even if you are not eligible for the gift card.

If you are eligible, you may receive a gift card of up to \$1,066 to be used for any contraceptives at PPMI. The amount of the gift card is determined by how much you would have to pay today for a Mirena IUD (if you wanted one), so that most contraceptives at PPMI will be free to you. You may use this gift card in the next 100 days. Half of eligible women will get this gift card, and a computer will decide this at random, meaning you will be equally likely to get a gift card or to not get a gift card.

If you are eligible, we will ask you to take surveys about your life, including your health and well-being, contraception, pregnancies, abortion, education and work, your childhood, relationships, sexual activity, your children (if any), and plans for the future.

- a 25-minute survey today
- two 30-minute surveys over the next 5 years sent in pieces at different times.

To participate in this study, you will need to consent to release your administrative records and, if you have children, now or in future, your children's administrative records to us for purposes of the study. We use the term "administrative records" to refer to data that have already been collected or will be collected about you and your children by the government or other agencies. [Click for a [complete list](#).] They include information about:

- employment, earnings, and taxes;
- education (examples: grades, classes, test scores, and financial aid),
- credit history and debt,
- Planned Parenthood visits,
- health insurance claims,
- birth and deaths,
- criminal charges and arrests,
- participation in public programs, and
- child welfare and juvenile crime.

We will look at these records going forward 30 years and back 20 years. We will examine records for 30 years because we wish to understand whether affordable contraceptives have long-term effects. We will look at records going back 20 years to study how your background matters for these long-term effects. To collect and use these administrative records, we need:

- your signature on two separate consents to release administrative records, one relating to health information and one relating to administrative records more generally,
- your full legal name and date of birth,
- the full legal names, dates of birth, and place of birth for your children (if you have any),
- your social security number, and
- your street address.

In order to contact you in the future, we also ask for your phone number, social media contacts, and the contact information of people who would know where you are if your address changes.

Finally, we ask you allow us to use the public postings and information from your social media accounts to gather more information about you and your life. We will use information from your public posts and profile

to learn about your relationship status, life satisfaction, and pregnancy and childbearing. This will help us understand how you are doing, even if you are not able to respond to our surveys. However, if you don't want to share your social media information, you can still participate in the rest of the study.

Benefits of Participation

If you are selected to receive a gift card, you may benefit directly from this study by having more money to spend on contraceptives of your choice. If you do not receive a gift card, you may still benefit from what is learned in this study.

Risks and Discomforts of Participation

There may be some risk or discomfort from your participation in this research. Some of the questions in the survey may be sensitive for some people. You can choose not to answer a question or stop participating in this study any time. There is also a risk of unauthorized access to your data. We will take all possible steps to protect your data and privacy as we describe below.

Compensation for Participation

For your participation in this research project, you may earn up to \$170 for taking surveys about your life. These include \$10 for taking a 5-minute survey, \$60 for taking a 25-minute survey today or \$40 for taking it at another convenient time, and up to \$50 each for taking two more 30-minute surveys over the next 5 years.

Confidentiality

Your privacy is very important to us. We plan to publish the results of this study, but know that

- Surveys and administrative data will be used for research only.
- We will not include any information in publications that would identify you.
- All information identifying you or your children will be removed from survey data or administrative records before we analyze the data.
- Information identifying you will be stored separately from your survey answers and data from administrative records – in an encrypted data bank at the University of Michigan (UM).
- Survey answers will be stored securely in a data bank at UM. Data from administrative records will be stored and managed in accordance with very strict laws governing access to them.
- You may take the surveys in a private setting of your choice.
- This project holds a Certificate of Confidentiality (CoC) that offers additional protections for your identifiable research information and records. The most important protection is that members of the research team cannot be forced to disclose or provide any of your private identifiable information, in any Federal, State, or local civil, criminal, administrative, legislative, or other proceeding unless you provide permission. Disclosure of your research information may only occur in limited specific instances. For the full detailed description of the CoC protections and exceptions to those protections, please refer to the CoC attachment at this link: <http://m-carestudy.org>.

It is possible that other people may need to see the information you give us as part of the study. These people work for the University of Michigan and government offices that are responsible for making sure the research is done safely and properly.

A description of this clinical trial will be available on www.ClinicalTrials.gov, as required by the National Institutes of Health (NIH). This website will not include information that can identify you. At most, the website will include a summary of the results. You can search this website at any time.

Storage and Future Use of Data

NORC will retain your survey data for 7 years so that it can send you two more surveys. After 7 years NORC will destroy any M-CARES data it has about you. The University of Michigan will store your data to use for future research studies. Your name and any other identifying information will be stored securely and separately from your survey answers and data from administrative records, as described above. Research data may be shared with other investigators but will never contain any information that could identify you. We may use these data to contact you in the future, to ask you to participate in a follow-up study. At that time you will be able to say no, if you choose.

Voluntary Nature of the Study

Participating in M-CARES is completely voluntary. Your decision to participate in M-CARES will not affect your ability to receive services at Planned Parenthood. If you decide to participate now, you may change your mind and stop at any time.

If you decide to withdraw from this study, you must send an email to m-carestudy@umich.edu. If you do, we will not contact you asking you to take surveys and we will not collect any new administrative records regarding you or your children. We will destroy any information that could identify you from our data bank. However, we will still use survey answers that you have already provided and any administrative records regarding you or your children that have already been shared with us.

Contact Information

If you have any questions about this research, you may contact the University of Michigan toll free at (844) 864-8258 or email m-carestudy@umich.edu or the Project Director, Dr. Fomby at (844) 864-8258.

Contact Information for Questions about Your Rights as a Research Participant

If you have questions about your rights as a research participant, or wish to obtain information, ask questions or discuss any concerns about this study with someone other than the researchers, please contact the University of Michigan Health Sciences and Behavioral Sciences Institutional Review Board, 2800 Plymouth Rd. Building 520, Room 1169, Ann Arbor, MI 48109-2800, (734) 936-0933, or toll free, (866) 936-0933, irbhsbs@umich.edu.

Consent

By signing this document, you are agreeing to be in M-CARES. You are agreeing to the release your administrative records, as defined in this consent, to the University of Michigan for its use as part of the M-CARE study. You are agreeing to release your children’s administrative records, including any children you have now or may have in the future to the University of Michigan for its use as part of the M-CARE study. You will receive a copy of this form by email and, if you request it, a printed copy today. Be sure that we have answered any questions you have about the study and that you understand what you are being asked to do. You may contact the researchers if you think of a question later.

I consent to participate in the M-CARE study. I consent to the release of my administrative records, and those of any children I have now or in future, to the University of Michigan for use as part of the M-CARE study.

Printed Name

Signature

Date

Please provide your date of birth and social security number. *As a reminder, this information allows us to collect your administrative records. We will keep your information confidential.*

Date of Birth:

Social Security Number:

Consent to Release of Administrative Records to M-CARES

To whom it may concern:

I consent to the release of all of my administrative records in your possession – including all records containing personally identifiable information as described in the attached [appendix](#) – to the University of Michigan for its use as part of the M-CARE study.

This Consent is voluntarily given and does not have an expiration date.

Printed Name
Date: _____

Signature

I further consent to the release of all of my children’s administrative records in your possession – including all records containing personally identifiable information as described in the attached [appendix](#) – to the University of Michigan for use as part of the M-CARE study.

This Consent is voluntarily given and does not have an expiration date.

Printed Name
Date: _____

Signature

Consent to Release of Protected Health Information to M-CARES

To whom it may concern:

I consent to the release of all of my protected health information in your possession – including all records containing protected health information as described in the attached [appendix](#) – to the University of Michigan for its use as part of the M-CARE study.

This Consent is voluntarily given and does not have an expiration date.

Printed Name

Signature

Date: _____

I further consent to the release of my children’s protected health information in your possession – including all records containing protected health information as described in the attached [appendix](#) – to the University of Michigan for its use as part of the M-CARE study.

Printed Name

Signature

Date: _____

Appendix 1. Administrative Data Sources

Type of data	Information in these records
Administrative, census, and survey data collected by or at the Census Bureau and/or U.S. Bureau of Labor Statistics	IRS 1040s, living conditions, household structure, number of children in the household (and when they were born), renter/owner status, incarceration or residence in group quarters, neighborhood quality, race, age, marital status, education, earnings, employment, and government program participation (examples: Medicaid, Supplemental Nutritional Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), disability, Medicare, Supplemental Nutritional Program for Women, Infants, and Children (WIC))
Michigan employment and earnings records	Quarterly earnings, employment, unemployment benefits, taxes paid by the employee and the employer(s) to the state, income from different sources, disability income, and employer(s).
Tax data	Number of dependents in the household, marital status, homeownership, college enrollment, all income and sources of income, all employers, taxes, receipt/eligibility of Earned Income Tax Credit, eligibility for other government programs (examples: Medicaid, SNAP, TANF, Medicare).
Credit reports	From Transunion and Equifax. These include measures of indebtedness and financial strain, payment of bills, on-time payment, delinquency, and credit score.
Education records from institutions (K-12 and postsecondary) within the State of Michigan	Educational enrollment, educational attainment, achievement test scores, absenteeism, school delinquency, type of school enrolled in (example: high school, middle school), promotion to the next grade, grades, and graduation dates.
National Student Clearinghouse	Educational enrollment, the beginning and ending date that a student is enrolled during each term, whether a student is enrolled full or part-time, private or public school, type of school or college (example: four-year, two-year) enrolled in, student's major, whether a student has earned a degree, and the date the degree is earned.
Michigan criminal justice records	Arrests, prison entries, incarceration status.
Michigan child welfare and juvenile crime records	Records of allegations of abuse/neglect, foster care placements, official delinquency petitions for the State of Michigan, juvenile crime records
Michigan government program participation and benefits	Programs include Medicaid, SNAP, TANF, Unemployment Insurance, Disability, Child Health Insurance, Family Independence Program, Food Assistance Program, Head Start, Low Income Home Energy Assistance, School Breakfast and Lunch Program, Special Milk Program; and WIC.

Appendix 2. Protected Health Information Data Sources

Type of data	Information in these records
Planned Parenthood of Michigan patient records	<p>Information about your visits to Planned Parenthood: the date of the visit, services obtained, payment methods and amounts, the name of the clinic.</p> <p>Your health information from Planned Parenthood: the date of your last menstrual period, medical and physical diagnosis codes, and results of a physical examination.</p>
Vital records	<p>These include birth and death certificates from the Michigan Department of Health and Human Services (MDHHS) and comparable agencies other states when applicable (this is only applicable in cases where, for example, if the birth of a child happens out of state).</p> <p>Birth certificates: the date of birth of each child; location of birth; attendant at birth; plurality of birth, health conditions of the newborn; pre-natal care; gestational length; mother’s health information; morbidity; pregnancy risk factors; previous births and outcomes; onset of and characteristics of labor and method of delivery; payment information; marital status at birth, mother education and occupation; father age, race, education and occupation.</p> <p>Death certificates: Date of death, members of household, cause of death</p>
Health insurance claims	Date of the visit, service provider, services obtained, payment methods and amounts, the name of the clinic, medical and physical diagnosis codes.
Administrative, census, and survey data collected by or at the Census Bureau and U.S. Bureau of Labor Statistics	<p>Program participation in Medicaid, Medicare, disability insurance, and information about insurance coverage.</p> <p>Health information, payment information, and information about visits to health care providers from public records (e.g., Medicaid and Medicare).</p>