

# Research Permission to Contact

The Research Permission to Contact document is used to obtain a patient's permission to be contacted directly by Researchers conducting research studies that might interest them. Patients are not agreeing to participate in a study. They are agreeing to receive information about studies.

All patients should be provided the Research Opportunities Direct to You (RODY) program form at check in, and the patient's response is captured in Epic.

## Try It Out

1. During the Admission/Check In workflow, select the **Documents** form
2. If patient has not already provided consent, proceed with scripting: "Would you like to give your consent for our Research teams to contact you directly for studies in which you might be a good candidate? This form provides more detail."
3. Provide Research Permission laminate to patient to review.  
**NOTE:** Printed copies can be provided upon patient request.
4. Record patient response in the Status field:
  - a. Yes: Partners HealthCare researchers may contact me directly either by mail or email about studies that might be of interest to me. Answering YES does not mean that you are agreeing to take part in any of the research studies we tell you about.
  - b. No: Please continue to usually contact me about research studies through my doctors or my other health care providers.
5. The Date Received field will populate with the date the status was entered.

Documents				
Type of Document	Description	Status	Date Received	
HIPAA Notice of Privacy		Received [10]	4/21/2017	
HIPAA Notice of Privacy- Spanish				
Healthcare Proxy				
Mass Hlway Consent		Received [10]	4/21/2017	
Assignment of Benefits/Release of Informa				
External Medication Information Consent				
Insurance Card				
Research Permission to Contact		Yes [100014]	6/22/2017	
Photo ID				
Missing PCP Insurance Waiver				
Missing Referral or Prior Authorization Insu				
Inactive Insurance or Non Contracted Insur				

Expand   Scan   E-Sign   Delete    Show all documents

## Additional Information

- This document type only needs to be completed once for a patient. The response will remain in the patient's registration.
- The form should not be signed by the patient and/or scanned in Epic.
- If patients have further questions they can contact either the MGH Clinical Research Program at 866-391-7030 or BWH Center for Clinical Investigation at 617-732-8750 based on your organization.
- Patients can request to remove their consent at any front desk, users should change the status to No.