



Prior Authorization On-site Engagement Consent Form

Thank you for taking the time to speak with the Centers for Medicare & Medicaid Services (CMS) Patients over Paperwork initiative Prior Authorization On-site Engagement team. Please read the following information carefully. If you have any questions, or would like a copy of this form for your records, email PatientsOverPaperwork@cms.hhs.gov.

We'll use this interview:

- To inform recommendations to CMS on how to improve transparency, efficiency, and standardization of the prior authorization process.
- In internal presentations to members of the Prior Authorization On-site Engagement team.

The interview is completely up to you.

- You don't have to answer any questions that may be uncomfortable for any reason.
- You can ask us to stop the interview at any time.
- You can request that we don't use portions of your interview, even after we are done.

We will keep your information secure.

- We will never ask for private information, such as age, gender, or religious affiliation.
- Only we have access to raw notes and video/audio recordings. We will keep these records in a secure location and share only with persons with a valid reason to know. We will never use your name or other personally identifiable information in summarized findings.
- If we ever would publicly share a quote from your interview, it will be de-identified.

Statement of consent

By answering the following, you agree to participate in the Prior Authorization On-site Engagement. We use recordings (notes, audio, screenshots, photos, and video) only to document what we learn from you, kept in a secure location, and only shared with persons with a need to know.

I agree to let the CMS Prior Authorization On-site Engagement research team:

- Interview me
- Take notes during my interview
- Audio record the session
- Photograph me
- Take screenshots, if you happen to screen-share during the session
- Video record the session

Sign below to indicate that you have read this form and agree to an interview and/or photographed as part of this research.

Write or type your name:

Date

Thank you! We appreciate your participation!