

## Consent Form – Main Points

1. You are being invited to participate in a **research study**, and your participation is **voluntary**
2. **Study purpose:** Improve diabetes and hypertension management among South Asian patients in Atlanta
3. **Length of time in study:** approximately 6 months; you may be randomly chosen to receive more education sessions in the study now, or approximately 6-months from now
4. **Study expectations:**
  - Participate in a total of 5 monthly education sessions (about 90 minutes each)
  - Follow-up via phone and in-person to set health goals related to diet/exercise
  - Answer questions at the start of the study, and answer questions at the end of the study
5. **Risks:** Minimal risks and no financial costs. Health information will be secured by the study team, but there is always a minimal risk it may be seen by someone not part of the study.
6. We will notify you if any **new information** relevant to this study becomes available.
7. **Benefits** - The study will:
  - Help you manage your diabetes and hypertension
  - Provide you with in-language health education resources
  - Provide you with referrals to community resources
  - Learn important information about creating successful CHW programs to improve hypertension management in South Asians
8. **Option to not participate:** You are free to choose not to participate in the study. Your decision will not affect your relationship with your doctor or clinic.
9. **Payment/Incentives:**
  - Small session incentives
10. **Cost:** There are no costs to you for participating in the study.
11. **Injury:** Minimal risk for injury. If you believe you have been injured as a result of the study, contact the site principal investigator listed on your form.
12. **Study end:** You may end your participation at any time. Your participation may also be stopped by your doctor, study team, or study sponsor, if necessary.
13. **Confidentiality:** Your medical information is Protected Health Information. Only those with a specific business purpose can access this information
14. **HIPAA:** We are asking for your permission to use and share your health information with others in connection with this study– for purposes of the research ONLY. You may withdraw this permission at any time.