

**Medical Consent Form sample language for medical treatment studies with incarcerated participants.**

**The following sample language provides examples of consent language for coordinating research medical care with the prison health care providers. It is not proscriptive, and some examples may not apply to your research (e.g., off-site visits). Tailor your consent to the context of the study and specific population. Incorporate relevant language where applicable in the consent form. The [standard consent templates](#) include general language specific to the Kentucky Department of Corrections.**

**WHAT WILL YOU BE ASKED TO DO?**

If you are a prisoner and the prison provides transportation, you will be asked to come to the study site and complete all exams and tests for the study. The study doctor will send information about this research to your prison health care providers so they can be fully informed about assisting with your treatment in the prison.

The study doctor will communicate with your health care providers in the prison to make sure that your condition is carefully monitored. Prison health care providers will be encouraged to contact the study doctor to consult on your care.

The study doctor may ask your prison health care providers to do procedures like draw blood or check your vital signs just for the study.

**DO YOU HAVE TO TAKE PART IN THE STUDY?**

If you are a prisoner, your decision to participate or not to participate will in no way benefit or hurt your status with the prison system, the Department of Corrections, or the parole board.

**WHAT WILL IT COST YOU TO PARTICIPATE?**

The correctional facility where you are housed will be responsible for any routine medical care you receive.

**WHO WILL SEE THE INFORMATION THAT YOU GIVE?**

If you sign this consent and authorization, your treatment records from the University of Kentucky may be shared with the physicians and medical director at the prison to ensure that the prison physicians/officials are kept informed of the treatment you are receiving. Also, your medical records from the prison will be shared with the study doctor to help with your diagnosis and treatment planning. In both cases, you will be asked to sign an authorization that lists the information and to whom it will be shared.

**WHAT HAPPENS IF YOU GET HURT OR SICK DURING THE STUDY?**

If you are unable to contact the study doctor directly, you should report any negative side effects or illness due to participating in this study to your prison health care providers.

If you believe you have gotten sick because of the study, contact your prison health care providers so they can discuss your symptoms with the study doctor.

**WHAT IF YOU HAVE QUESTIONS, SUGGESTIONS, CONCERNS, OR COMPLAINTS?**

Depending on the facility, you may only be allowed to contact the persons listed above through the prison physicians, officials, or other health care providers. If you are released from prison or transferred to another facility, the study doctor will communicate with those involved to help aid your continued care.