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Consent Form

This form will be held for a period of six years

Storylines of self-e-health

Principal Investigator Dr Karen Day

I have read the Participant Information Sheet and have understood the nature of the research and why I have been selected. I have had the opportunity to ask questions and have them answered to my satisfaction.

I agree to participate in this research by (indicate which applies)

- Interview
- Email

My participation is voluntary.

I understand that my interview contributions can be withdrawn within three days after my interview.

I understand that my email correspondence can be withdrawn in part or whole up to a month after my last email.

I understand that no identifying information will be included in any publications, but it cannot be guaranteed that someone who knows me will not recognise me from quoted material.

I understand that my contributions will be kept confidential.

I agree to the collection of the data and its storage for six years, after which it will be destroyed.

I wish to receive a copy of a summary report of the research, which can be emailed to me at

Name _____ Signature _____

Date _____

Approved by the University Of Auckland Human Participants Ethics Committee on 18 July 2017 for three years.
Reference Number 18629.