

## **Cover Letter**

### INVITATION

You are invited to complete a survey about breast cancer screening mammograms. You are invited to take part if you are a woman with 40 years of age or more. Your participation in this research study is voluntary. Approximately 200 individuals will participate in this study.

#### A. WHAT IS THE PURPOSE OF THIS STUDY?

The purpose of the research is to understand the barriers and facilitators faced by individuals to obtain breast cancer screening.

#### B. WHAT WILL MY PARTICIPATION INVOLVE?

If you decide to participate in this research, you will be asked to answer questions about your experiences related to breast cancer screening. You will only complete this survey once. Your total participation will last no more than 20 minutes.

Providing your contact information is not required to complete the survey.

#### C. ARE THERE ANY BENEFITS TO ME?

You are not expected to benefit directly from participating in this study. Your participation in this research study may benefit your community in the future by helping us to develop strategies to help individuals to receive breast cancer screening.

#### D. WILL I BE PAID FOR MY PARTICIPATION?

You will not be paid for your participation in this study.

#### E. ARE THERE ANY SIDE EFFECTS OR RISKS TO ME?

The main risk of taking part in this study is that your study information could become known to someone who is not involved in performing or monitoring this study. All data will be coded with an ID number. A breach of confidentiality could result in damage to you or your reputation, but the chances that this will happen are very small.

The information collected from you during this study will be used by the researchers and research staff of the UW-Madison and its affiliates (the University of Wisconsin Hospital and Clinics and the University of Wisconsin Medical Foundation) for this study. It may also be shared with others at the UW-Madison.

Others at UW-Madison and its affiliates who may need to use your health information in the course of this research:

UW-Madison regulatory and research oversight boards and offices

Others outside of UW-Madison and its affiliates who may receive your health information in the course of this research: NONE

While there will probably be publications as a result of this study, your name will not be used.

#### G. IS MY PERMISSION VOLUNTARY AND MAY I CHANGE MY MIND?

Version date: 6/11/21

Your permission is voluntary. You do not have to take this survey you may refuse to do so. You may stop completing the survey at any time. You also may choose to cease participation or skip any questions that you do not feel comfortable answering.

IF YOU DECIDE NOT TO PARTICIPATE IN THIS STUDY OR IF YOU STOP WHILE THE STUDY IS UNDERWAY, THE HEALTH CARE YOU RECEIVE FROM THE PRAIRIE RIDGE HEALTH WILL NOT BE AFFECTED IN ANY WAY.

#### H. HOW LONG WILL MY PERMISSION TO USE MY HEALTH INFORMATION LAST?

By taking the survey, you are giving permission for your health information to be used by and shared with the individuals, companies, or institutions described in this form. Unless you withdraw your permission in writing to stop the use of your health information, there is no end date for its use for this research study.

If you provide your contact information on the survey, you may withdraw your permission at any time by writing to the person whose name is listed below:

Amye Tevaarwerk

ADDRESS: WIMR Room 6037; 1111 Highland Ave. Madison, WI 53705-2275

Beginning on the date you withdraw your permission, no new information about you will be used. Any information that was shared before you withdrew your permission will continue to be used. If you withdraw your permission, you can no longer actively take part in this research study.

If no contact information is provided, the survey data is anonymous and, as a result, cannot be removed once the survey has been submitted.

#### I. WHO SHOULD I CONTACT IF I HAVE QUESTIONS?

Please take as much time as you need to think over whether or not you wish to participate. If you have any questions about this study at any time, contact the Principal Investigator Amye Tevaarwerk at (608) 262-2837. If you are not satisfied with response of the research team, have more questions, or want to talk with someone about your rights as a research participant, contact the UWMC Patient Relations Representative at 608-263-8009 or University of Wisconsin Medical Foundation Patient Relations Representative at 800-552-4255 or 608-821-4819.

#### AGREEMENT TO PARTICIPATE IN THIS STUDY

#### AND PERMISSION TO USE AND/OR DISCLOSE MY HEALTH INFORMATION

I have read this consent and authorization form describing the research study procedures, risks, and benefits, what health information will be used, and how my health information will be used. I agree to participate in this research study, and permit the researcher to use my health information as described above and as a result, will now move to the survey questions.