

# Informed Consent

FOR THE NATIONAL DPP

## SAMPLE



[INSERT ORGANIZATION NAME] **INFORMED CONSENT**

PARTICIPANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

*(Please print)*

**Carefully read each section below. Your signature at the end of this document signifies your willingness to abide by all of the terms of the agreement.**

My signature is evidence of consent to participate in the National Diabetes Prevention Program. I understand that as part of the class, I will be weighed at each session that I attend and will be required to participate in physical activity. I am aware of the dangers of physical activity and have fully prepared for its rigors. I release legal liability associated with being active and have independently obtained insurance to cover me if an incident does occur.

I understand that I will be protected by the regulation set by the Health Insurance Portability and Accountability Act (HIPAA). Information gathered from a participant in the NDPP class may be shared with the program administrator, funder, or other health department personnel on a need-to-know basis. If a participant shares information that suggests they may be involved in physical or sexual abuse, state law requires that this be reported to the appropriate government agency.

I understand that if I would like more information, I may contact the [INSERT ORGANIZATION NAME] by calling [INSERT ORGANIZATION PHONE NUMBER].

By signing this form, I fully acknowledge that I have read and understand the requirements and expectations of the NDPP program and give consent to participate in the program.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

**THIS FORM MUST BE SIGNED & SUBMITTED TO THE [INSERT ORGANIZATION NAME] PRIOR TO ADMISSION INTO THE NDPP PROGRAM**