Michigan Partners on the PATH
Diabetes PATH

Contact Information and Consent Form

We need your help to find out how well this program is working. We would like to contact you twice in the next year to ask a few questions about how comfortable you are managing your diabetes. You may choose the best way for us to contact you by providing your mail, email, and/or phone information below.

Although we ask for your name for contact purposes, the information you provide will be confidential. Your identity will be protected. We will not ask you about any of your personal medical information. None of your information will be shared with your health insurance company or your health care provider.

Public Sector Consultants, a professional firm based in Lansing, will contact you to ask the follow-up questions. They will summarize the information from all participants—without any names of individuals—and prepare a report for the Area Agencies on Aging and our funder, the Michigan Health Endowment Fund.

Participating in the follow-up survey is voluntary. During the survey, you will be able to skip questions you don't want to answer. You can still participate in the class if you don't agree to participate in the survey.

Providing your name and contact information on this form indicates your willingness to participate in follow-up surveys. Thank you.

Please print in CAPITAL LETTERS in boxes.

First Name **Last Name**

Street Address

City **State** **Zip**

E-mail Address

Phone

( ) -

Today's date:

/ /

Month Day Year

For Office Use

Course ID# **Location ID#** **Start Date of Workshop** **Participant ID#**

/ /

Month Day Year

Workshop Location: _____

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