STANFORD UNIVERSITY Research Information Sheet	IRB Use Only Approval Date: June 13, 2020 Expiration Date: **Does Not Expire**
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Protocol Title: Ethical Challenges in the Use of Digital Mental Health Technology	

Interview Information Sheet

Study: Ethical Challenges in the Use of Digital Mental Health Technology

DESCRIPTION: You are invited to participate in an interview for a research study. The aim of the study is to learn more about perspectives on ethical issues, such as concerns about privacy or data protection, related to the use of digital mental health in clinical practice. We will keep the data we collect confidential, and we will not share your personal information with anyone outside the research team. If you agree, we would record the interview, only for the purpose of transcription; after transcription, the recording will be erased. Your personal information would not be connected to the transcription or resulting data. The National Institutes of Health is providing financial support for this study.

TIME INVOLVEMENT: The interview will last about 30-40 minutes and can be conducted via telephone or at a location convenient to you.

PAYMENT: Participants will receive $100 for reimbursement of their time.

RISKS AND BENEFITS: There are not foreseeable risks associated with this study. Individuals are not expected to gain personal benefit from this study. We cannot and do not guarantee or promise that you will receive any benefits from this study.

PARTICIPANT'S RIGHTS: Being in this study is optional. Please tell the researcher if you do not want to participate. You have the right to refuse to answer particular questions or stop the interview at any time.If you have read this form and have decided to participate in this project, please understand your **participation is voluntary** and you have the **right to withdraw your consent or discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled**. **The alternative is not to participate.** The results of this research study may be presented at scientific or professional meetings or published in scientific journals. Your individual privacy will be maintained in all published and written data resulting from the study. Your information will not be used or distributed for future research studies even if all identifying information is removed.

CERTIFICATE OF CONFIDENTIALITY

This research is covered by a Certificate of Confidentiality from the National Institutes of Health. The researchers with this Certificate may not disclose or use information, documents, or biospecimens that

may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other action, suit, or proceeding, or be used as evidence, for example, if there is a court subpoena, unless you have consented for this use. Information, documents, or biospecimens protected by this Certificate cannot be disclosed to anyone else who is not connected with the research except, if there is a federal, state, or local law that requires disclosure (such as to report child abuse or communicable diseases but not for federal, state, or local civil, criminal, administrative, legislative, or other proceedings, see below); if you have consented to the disclosure, including for your medical treatment; or if it is used for other scientific research, as allowed by federal regulations protecting research subjects.

The Certificate cannot be used to refuse a request for information from personnel of the United States federal or state government agency sponsoring the project that is needed for auditing or program evaluation by the National Institute of Mental Health which is funding this project or for information that must be disclosed in order to meet the requirements of the federal Food and Drug Administration (FDA). You should understand that a Certificate of Confidentiality does not prevent you from voluntarily releasing information about yourself or your involvement in this research. If you want your research information released to an insurer, medical care provider, or any other person not connected with the research, you must provide consent to allow the researchers to release it.

The Certificate of Confidentiality will not be used to prevent disclosure as required by federal, state, or local law of an intent to hurt the self or others.

The Certificate of Confidentiality will not be used to prevent disclosure for any purpose you have consented to in this informed consent document.

CONTACT INFORMATION: If you have questions, please contact Nicole Martinez (nicolemz@stanford.edu) with questions about this study. If you have questions or concerns about your rights as a research participant, you can contact the Stanford Institutional Review Board (IRB) to speak to someone independent of the research team at (650)-723-2480 or toll free at 1-866-680-2906. You can also write to the Stanford IRB, Stanford University, 1705 El Camino Real, Palo Alto, CA 94306.

The extra copy of this information form is for you to keep.

If you agree to participate in this research, please indicate this to the researcher.