



By signing this consent form, I _____ agree to participate in the **Métis Public Health Surveillance Program** and I declare that:

1. I have been provided with a copy of and have read and understand the contents of the informational brochure provided. I have had the opportunity to ask questions and have been provided answers. I further confirm that I was given enough time make an informed decision regarding my participation.
2. I understand that information has been collected by the Province of British Columbia and the Federal government of Canada about me and all other residents of BC and the only additional personal information that is subject to this consent is to identify me as a Métis Citizen of Métis Nation British Columbia.
3. I agree to permit the MNBC to disclose my personal information as a MNBC Citizen to public governing bodies and their affiliates for data matching purposes in order to increase knowledge about the health and socio-economic status of the Métis population residing in BC.
4. I further acknowledge and agree that my MNBC Citizenship information will be disclosed to public bodies who operate databases governed by the Provincial and Federal legislation, information in these databases include but are not limited to Medical Services Plan, hospital utilizations; Pharmacare / Pharmanet, vital statistics, and census data.
5. All information held by MNBC will be held in strict accordance with the Freedom of Information and Protection of Privacy Act and the Personal Information Protection Act.
6. Métis Citizen's have the right to access their personal information held by MNBC and information about its disclosure at any time if they contact the MNBC Registry office. All citizens of Canada, including Métis Citizens have the right to access any publicly held information by following the guidelines provided by the Office of the Freedom of Information and Privacy Commissioner for British Columbia.
7. I understand that Métis Nation British Columbia will be overseeing data matching agreements through MNBC's Ethics Committee.



8. I accept that information about me will be made available to approved researchers designated by the MNBC Ethics Committee.
9. I accept that the personal information stored by MNBC will be destroyed at the end of the project or upon my request should I withdraw. The MNBC Ethics Committee may also direct that data and information related to the data be destroyed.
10. It is anticipated that the anonymous data will be used beyond the dates of any agreement and will be used for future research, evaluation and education projects under the direction of the MNBC.
11. I understand that my participation is completely voluntary and that I can withdraw from the project at any time without specific reason by calling the MNBC Citizenship Registry.
12. I understand that I will receive a signed and dated copy of this consent form, including all attachments such as informational brochures, for my own records.

I consent to participate in the Métis Public Health Surveillance Program.

Participant

Print: Last name, First name

Date

Signature

For more information please contact Métis Nation British Columbia's Director of Health Tanya Davoren at tdavoren@mnb.ca 250-308-7920 or Chronic Disease Program Manager Dr. Peter Hutchinson at phutchinson@mnb.ca 250-215-0190.