

## **Researcher Participation Agreement**

- I have read the Protocol '*Establishment of a Bariatric Surgery Clinical Quality Registry.*' The Protocol can be found: <https://www.monash.edu/medicine/sphpm/registries/bariatric/policies-procedures>
- I am willing to contribute my patients' information to the Registry, and **will provide follow-up** as required.
- I understand that the Bariatric Surgery Registry follows the *opt out approach* and that it is my responsibility to inform my patients about the Registry prior to submitting any information about them to the Registry. I will do this in consultation with my patients, give them a BSR flyer and display the BSR poster.
- I may authorise other individuals to submit data to the registry on my behalf but the responsibility for all data given to the Registry remains with myself.
- The privacy and confidentiality of all data within the Registry's database, the BSR-i, will be afforded the same confidentiality and security of all other patient information within the practice.
- I will maintain a list of those who access the BSR-i with my user ID and password. This list will be made available to the Registry upon request.

***I agree to follow the protocol and participate in the Bariatric Surgery Registry.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Email address \_\_\_\_\_

### Practice Details

Name of Practice \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Practice email address \_\_\_\_\_

**Hospital(s) for my bariatric practice:**