## Consent

## I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of the participant) voluntarily consent to participate in the co-creation/product or service testing implemented by Metropolia UAS, within Hippa Well-Being and Better Service Housing through Digitalisation project.

## I have received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of the action) briefing note and familiarized myself with it.

## I know that the data will not include any participant’s personal data and that anonymized data may be later used in the development activities of the City of Helsinki and Metropolia UAS, and in teaching. I know that to ensure the quality of the survey, interviews will be recorded and they will be stored in a locked space. The recordings will be eradicated after the end of the survey.

## I have the right, at any time during the survey and without stating any reason, interrupt my participation or cancel my consent. Cancelling the consent does not result in any negative consequences to me, nor does it affect my position as a health care services customer. I am aware that data collected up until my interruption of participation or cancelling of consent will be used as part of the research data, if necessary, to avoid bias in the research results.

## Notification of interruption of participation shall be submitted to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name and contact details of the contact person). This consent form is signed in two original copies to each signatory.

## \_\_\_\_\_/\_\_\_\_\_\_/20\_\_ \_\_\_\_\_/\_\_\_\_\_\_/20\_\_ Date Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Consent giver Consent receiver

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