PROVINTIAL CONSORTIUM HOSPITAL OF CASTELLÓN
DUAL DIAGNOSIS PROGRAM

June, 20, 2014.

Dear Parent or Guardian:

I am Gonzalo Haro Cortés, a psychiatrist of the Provintial Consortium Hospital of Castellón. I request permission for your tutored, Mr.Hugo Marqués Llopis, to participate in a research study. I am conducting a research project on how well the brain injuries as they relate to mental illness

We hope to use what we learn from the study to make changes to the clinical intervention so it will help people with brain injuries.

The study consists of the following activities:

1. We will ask your permission for your tutored to take part in 2 to 4 tasks over the course of a total of about 3 weeks. Each task will last about 30 minutes to 1 hour.

2. These tasks may include: answering questions , and your tutored behavior.

3. Sometimes the researchers will observe your tutored while he or she takes part in activities at the center.

4. We will ask your permission to obtain a list of medications (and dosages) your tutored is currently taking while in the Mental Unity.

The project will be explained in terms that your tutored can understand, and your tutored will participate only if he or she is willing to do so.

Only Dr. Baquero and I will have access to information from your tutored. At the conclusion of the study a summary of results will be made available to guardians. Please indicate at the end of this consent form whether you wish to have these results. If so, please provide your mailing address.

Participation in this study is voluntary. Your decision whether or not to allow your tutored to participate will not affect the services normally provided to your tutored by the Dual Diagnosis Program, tutored will lose no benefits to which he or she is otherwise entitled. Even if you give your permission for your tutored to participate, your tutored is free to refuse to participate. If your tutored agrees to participate, he or she is free to end participation at any time. You and your tutored are not waiving any legal claims, rights, or remedies because of your tutored participation in this research study.

Should you have any questions or desire further information, please feel free to contact

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Keep this letter after completing and returning the signature page to me.

If you have any questions about your rights as a research subject, you may contact the Castellón Provincial Hospital Consortium (Spain) Avda.Dr. Clara nº 19 , 12002 ,0034-964-35-44-71or by e-mail at gharoc@comv.es

Sincerely,

Dr.
Gonzalo Haro Cortés
Psychiatrist

Please indicate whether or not you wish to allow your tutored to participate in this project by checking one of the statements below, signing your name and returning it to me. Sign both copies and keep one for your records.

X I do grant permission for my tutored to participate in Dr. Gonzalo Haro´s study of the brain injuries as they relate to mental illness.

_____ I do not grant permission for my tutored to participate in Dr. Gonzalo Haro´s study of the brain injuries as they relate to mental illness.

Signature of Guardian

Vicente Tobarder Guillem
Printed Guardian Name

Hugo Marques Lopis
Printed Name of tutored

14-6-2014
Date

_____ Yes, I would like a copy of the results of this study. My mailing address is below.