**Standard language template for surveys \*NEW\***

The new version of this *standard language for surveys* was created in collaboration with a variety of patient experience experts from across the PHSA. It has also been reviewed by patients at the PHSA. We are incredibly grateful for those patients and patient experience experts who took the time to help us improve this template. Thank you so much!

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When using this template, you must **use it verbatim** unless you have contacted the Research Privacy Director. If justified, she will help you to adjust the text to meet the needs of your participants. This template applies only to survey projects wherein the survey is the **only** data collection tool.

* It is intended to assist project teams to ensure that the introductory wording in their survey complies with Provincial Health Services Authority (PHSA) privacy requirements.
* A separate consent form may not be needed if the study uses only a survey. In these cases, completion of the survey is taken as implied consent. Those who do not consent will simply exit the survey.
* The language below can be used for both research and non-research surveys such as those used in quality improvement (QI) initiatives. However, all surveys used for research **must be submitted to a Research Ethics Board (REB) for review and approval** and must use REB approved language.
* Please make sure you have the correct permissions in place to access patient contact information and recruit patients/future participants.
* Collection of personal information must be carefully justified. Please remove identifiable information from survey responses from your selected survey tool after your results are compiled and it is no longer needed.
* If you have questions about the use of personal information in research or QI surveys, please contact your Research Privacy Director Holly Longstaff. If you have questions about personal information used in non-research activities, please contact PHSA's Information Access & Privacy Office (IAP) for support [privacyandfoi@phsa.ca](mailto:privacyandfoi@phsa.ca).
* PHSA respects the values, culture, and self-determination of Indigenous Peoples and is committed to Indigenous Cultural Safety.  PHSA has signed the [Declaration of Commitment on Cultural Safety and Humility in Health Services](https://www.fnha.ca/Documents/Declaration-of-Commitment-on-Cultural-Safety-and-Humility-in-Health-Services.pdf), and is mandated to implement the actions iterated in the [Declaration on the Rights of Indigenous Peoples Act](https://www2.gov.bc.ca/gov/content/governments/indigenous-people/new-relationship/united-nations-declaration-on-the-rights-of-indigenous-peoples) (British Columbia) and the [Calls to Action of the Truth and Reconciliation Commission of Canada](http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf) (TRC).  These documents affirm the rights of Indigenous Peoples to self-determination, meaningful decision-making, and to quality health care. To address and decrease health inequities for Indigenous Peoples, PHSA is committed to the application of equity and cultural safety to all policies and processes.  In addition, PHSA recognizes Wise Practices, the inclusion of diverse Indigenous knowledge and health practices that contribute to sustainable and equitable conditions, ensuring it is given equal space and weight with Best Practices, a Western evidence-based approach to care reflecting current medical perspectives on standards or points of view.
* If you would like help developing survey questions that use plain language, are patient friendly, etc. please reach out to the experts at one of the PHSA patient experience offices (see below).
  + <http://www.bcchildrens.ca/about/accountability/patient-experience>
  + <http://www.bcwomens.ca/about/accountability/patient-experience> <http://www.bccancer.bc.ca/about/accountability/patient-family-experience>

Please include the wording shown on page 2 at the beginning of your survey. Highlighted sections on page 2 indicate placeholders for your project -specific information. Comments on page 2 provide guidance on how to use the template and should be removed from your final copy.

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**Survey consent template**

[name the PHSA program -BC Cancer, etc] would like to ask you confidential questions in this survey to [insert purpose of data collection]. Survey results will help us to learn more about how to improve services for you and other patients.

If you do the survey, you are consenting (agreeing) to participate. Completion of the survey is voluntary.

It will take [insert length of time] to complete the survey. The deadline to complete this survey is [indicate how long survey will be open].

Some of the questions in this survey may be about your personal information. We hope that collecting this information can lead to positive changes which includes revealing inequities and relationships between demographic categories. The Provincial Health Services Authority (PHSA) respects the values and culture of all patients. This is why we collect information about gender, ethnicity, etc.

We are asking you to share the following personal information (these are just examples to pick from):

1. Gender
2. Ethnicity
3. Month and year of birth or age
4. Diagnosis (list all that are relevant to the survey)
5. Other information that could be used to identify you such as remote geographic location, rare disease, etc.
6. IP address (this is not collected by any PHSA platforms but if using a non-PHSA platform you must list it and define what it is)
7. Personal views/opinions
8. Personal Health Number
9. Personal health information
10. Your personal email address

*\*Please note that some email services store email contents, including personal information like your name and health information, outside of Canada, where privacy and security standards may be different. If you have any questions about this topic, please contact [insert name of project leader].*

Only the study team and the technical support team at the PHSA will access your information. The results of this survey are confidential. When results are reported, presented, or published the project team will remove any information that could identify you or anyone else. The team may use a quote from your comments if provided. Survey data will be stored securely at PHSA for [insert length of time you plan to maintain the data] years. Survey results will be available on www.website after analyses are complete.

Your personal information is protected by our privacy law in BC. This law is called the Freedom of Information and Protection of Privacy Act (FIPPA). We are collecting your information under section 26 (c ) (e ) of FIPPA.

If you have questions about the survey or your information please contact: [insert their title, their business address, telephone number, and business email].

**Consent**

I have read and understand this form. I voluntarily consent to PHSA collecting, using, and disclosing the information I provide.

I consent (click box to proceed to survey) I do not consent (please exit from survey)