Consent Form (includes HIPAA Authorization)

Title of Research Study: Remote State Representation in Early Psychosis (Rem-STEP)

Investigator Team Contact Information: Caroline Demro, PhD

For questions about research appointments, the research study, research results, or other concerns, call the study team at:

Investigator Name: Caroline Demro, Ph.D. Investigator Departmental Affiliation: Psychiatry & Behavioral Sciences Phone Number: 612-625-9234 Email Address: schi0599@umn.edu	Study Staff: Kaylee Enevold Number: 612-403-4585 Email Address: remstep@umn.edu

If your doctor is also the person responsible for this research study, please note that they are interested in both your clinical care and the conduct of this research study. You have the right to discuss this study with another person who is not part of the study team before deciding whether to participate in the research.

Supported By: This research is supported by the Academic Investment Research Program (AIRP) internal grant. Until 5/31/2025, this research had been supported by the National Institute of Mental Health.

Financial Interest Disclosure: Drs. Sophia Vinogradov and Melissa Fisher have both served as unpaid advisors to Posit Science, the company that produces the cognitive training programs used in this phase of the study.

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Key Information About This Research Study

The following is a short summary to help you decide whether or not to be a part of this research study. More detailed information is listed later on in this form. In this study, we are testing the effects of two types of cognitive training exercises for people with psychosis.

What is research?

Doctors and investigators are committed to your care and safety. There are important differences between research and treatment plans:

- The goal of research is to learn new things in order to help groups of people in the future. Investigators learn things by following the same plan with a number of participants, so they do not usually make changes to the plan for individual research participants. You, as an individual, may or may not be helped by volunteering for a research study.
- The goal of clinical care is to help you get better or to improve your quality of life. Doctors can make changes to your clinical care plan as needed.

Research and clinical care are often combined. One purpose of this informed consent document is to provide you clear information about the specific research activities of this study.

Why am I being asked to take part in this research study?

We are asking you to take part in this research study because you have been diagnosed with a psychotic disorder, such as schizophrenia, schizoaffective disorder, or bipolar disorder, and are between the age of majority and 30.

What should I know about a research study?

- Someone will explain this research study to you.
- Whether or not you take part is up to you.
- You can choose not to take part.
- You can agree to take part and later change your mind.
- Your decision will not be held against you.
- You can ask all the questions you want before you decide.

Why is this research being done?

This research will help us understand how people with psychosis process information, and how that information travels through the brain. This research may help us to develop cognitive training programs that can help people with psychosis in the future.

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The BrainHQ training software used in this research is investigational and is not FDA approved for cognitive training.

How long will the research last?

Your participation in this part of the study is expected to last about 2 months, although it could last up to 8 months.

What will I need to do to participate?

If you agree to participate, we will ask you to complete about 10 hours of cognitive training (brain training exercises) over a 4 to 6 week period. Before and after this training period, there will be an interview with a member of the study team where we will ask you about how you feel, and about your current and past mental health symptoms. We will also ask you to complete some computerized tasks that test several skills, such as attention and information processing. Total participation takes approximately 15 hours.

As part of the research, we may ask questions about how you feel mentally and emotionally. We may provide a list of resources to you in case you would like to talk to someone and get help. If you are thinking about hurting yourself or someone else, please tell someone who can help immediately. Call the toll-free 24-hour National Suicide Prevention at 988 to talk to a counselor near you.

More detailed information about the study procedures can be found under ***"What happens if I say yes, I want to be in this research?"***

Is there any way that being in this study could be bad for me?

This study is considered minimal risk research. However, participating in research always contains some risks, such as potential loss of privacy, or fatigue or boredom.

More detailed information about the risks of this study can be found under ***"What are the risks of this study? Is there any way being in this study could be bad for me? (Detailed Risks)"*** and in the ***"What happens to the information collected for the research?"*** sections.

Will being in this study help me in any way?

There are no benefits to you from your taking part in this research. We cannot promise any benefits to others from your taking part in this research. However, some participants may notice changes to their thinking and problem-solving skills after completing the training. Possible benefits to others include improving our understanding of psychosis and developing new treatments to improve thinking and problem-solving skills in the future.

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What happens if I do not want to be in this research?
There are no known alternatives, other than deciding not to participate in this research study.

Detailed Information About This Research Study
The following is more detailed information about this study in addition to the information listed above.

How many people will be studied?
We expect up to 200 people will be in this part of the study.

What happens if I say "*Yes, I want to be in this research*"?
We're going to look at two types of cognitive training (brain games). You have an equal chance of getting picked for either one, and neither you nor the study doctor will know which one you'll get.

If you agree to participate, we will ask you to complete the following:

- Intake Visit: We will begin with an interview to make sure that you qualify to continue in the study. We will ask questions about your current and past physical health. We will also ask you questions about your mental health symptoms that you may be currently experiencing, as well as any symptoms you have had before. This visit will last approximately 1 hour.

  We will ask your permission to audio or video record the interview visits. This is optional. You do not have to agree to audio or video recording to be in this part of the study. If you agree to recordings for future research or training we will keep the recordings indefinitely. If you only agree to use the recordings for conducting this research study, we will erase the recordings after data analysis is complete.

- Baseline Visit: We will ask you to complete computer tasks about thinking and problem-solving skills, information processing, and perception. We will additionally ask you about your current mental health symptoms. This visit will last approximately 2 hours and we will also ask your permission to record the interview (this is optional).

  Intake and baseline procedures may be completed during the same appointment. You can complete the interviews and tasks remotely over Zoom.

- Cognitive Training: We will ask you to do about 10 hours of training over a 4 to 6 week period. There are a total of 240 levels of the training that we will ask you to complete.

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On average, it takes a person an hour to complete 24 levels. The training must be completed on a computer and require an internet connection.

We will check in with you once a week to update you on how much you have trained. If you are falling behind schedule, we can help you think of ways to get back on track. If you have trouble finishing the training in 3 weeks, we can give you more time.

- Post-Training Visit: After you have completed your training, we would ask you to repeat the same questions and computer tasks that you did at the beginning of the study. This visit will last approximately 2 hours and we will also ask your permission to record the interview (this is optional).

  During the study, you should continue your standard of care appointments and take your medications as prescribed by your doctor.

What happens if I say "Yes," but I change my mind later?

If you take part in this research study, and want to leave, you should tell us. Your choice not to be in this study will not negatively affect your right to any present or future medical care, your academic standing as a student, or your present or future employment. You may choose not to participate or to leave the study at any time without penalty or loss of benefits.

If you stop being in the research, information about you that has already been collected may not be removed from the study database.

Can I be removed from the research?

It's possible that we will have to ask you to leave the study before you finish it. If this happens, we will tell you why. We will also help arrange other care for you, if needed.

The investigator or the sponsor can stop your participation at any time without your consent for the following reasons:

- If it appears to be medically harmful to you;
- If you fail to follow directions for participating in the study;
- If it is discovered that you do not meet the study requirements;
- If the study is canceled; or
- For administrative reasons.

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What are the risks of being in this study? Is there any way being in this study could be bad for me? (Detailed Risks)

This study is considered a minimal risk study. However, participation in research always involves some risk. There may be risks that are unknown. Here are some potential risks or discomforts that you may experience when participating in this study.

- **Privacy & confidentiality risks:** There is some risk of a data breach in this study. We follow the University's security standards to protect your information and minimize risks, but there is always a chance an accident can happen. The study team will use a code when they talk about you and your information. They will not use your name with anyone outside of the study team. Only the investigator and study team will have access to your study results. We will never use your name or anything else that could link you to this study in any report or publications that may result from this study.

  Data from this study will be combined with data from a sister-study, known as State Representation in Early Psychosis (STEP). These studies use the same training programs and include similar assessments, so we will look at data from both studies at the same time when we ask our research questions. When we combine these datasets, we will not include any information that could potentially identify you.

  Some study teams often use similar tasks and questionnaires in their studies. With your permission, we can share the information from these tasks and questionnaires with other study teams in order to reduce the amount of time and effort that you dedicate to research. If you agree, we would ask you if you are participating in any other research studies. We would then reach out to those study teams to see if they could share study information with us. Similarly, if you participate in another study after joining this one, we could share your study information with that study team if they use the same study activities. Sharing your information between study teams would not affect the compensation that you would receive. This is not required, and you do not need to tell us about any other studies that you are participating in if you do not want to. You can let us know your choice later on in this form.

  Data from this study will be included in the National Institute of Mental Health Data Archive (NDA) at the National Institutes of Mental Health (NIH). The NDA is a large database where de-identified study data from many studies are stored and managed. De-identified study data means that all personal information about you (such as your name, address, birthdate, and phone number) is removed and replaced with a code number. The date of your study participation may be shared. Sharing your de-identified

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data helps researchers learn new and important things about mental health more quickly than before.

During and after the study, the study researchers will send de-identified data from this study to the NDA. Other researchers across the world can then request your de-identified study data for other research. Every researcher (and institutions to which they belong) who requests your de-identified study data must promise to keep your data safe and promise to not try to learn your identity. Experts at the NIH who know how to keep your data safe will review each request carefully to reduce risks to your privacy.

In order to share your data with the NDA, we will create a unique identifier for you using a tool developed by the NIH. We will need to enter your full name, date of birth, and place of birth into this tool to generate your ID. This information is not sent to the NIH or the NDA, and it will not be connected with your study data in any way. However, if you participate in any other study that shares data with the NDA, they will use the same tool which will generate the same ID. This will mean that your data across studies will be linked in the NDA and researchers could look at both sets of data at the same time.

You may not benefit directly from allowing your study data to be shared with the NDA. The study data provided to the NDA may help researchers around the world learn more about mental health and substance use and how to help others who have problems with mental health and substance use. The NIMH will also report to Congress on its website about the different studies using NDA data. You will not be contacted directly about the study data you contribute to the NDA.

You may decide now or later that you do not want your study data to be added to the NDA. You can still participate in this research even if you decide that you do not want your data to be added to the NDA. If you know now that you do not want your data in the NDA, you can indicate your choice below. If you decide any time after today that you do not want your data to be added to the NDA, call or email the study team and they will tell the NDA to stop sharing your study data. Once your data is part of the NDA, the study researchers cannot take back the study data that was shared before they were notified that you changed your mind. If you would like more information about the NDA, this is available online at http://nda.nih.gov.

When we upload your data to the NDA, it will be sent with the data from the sister-study, STEP. Sharing your study data does have some risks, although these risks are rare. Your study data could be accidentally shared with an unauthorized person who may

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attempt to learn your identity. The researchers will make every attempt to protect your identity.

- **Assessment and Testing Risks:** During the interviews, we will ask you sensitive questions about mental health symptoms. These may be embarrassing or upsetting for you to answer. You do not need to answer any questions that you are not comfortable with. Some of the tasks that test your thinking and problem-solving skills can be difficult and frustrating. The cognitive training can also be frustrating, boring, or tiring.

  It is good to keep in mind that there are many ways to complete these questions or tasks, and there are no right or wrong answers. Some of these tasks are meant to be challenging and are designed so no one can do them perfectly. You can always ask the study team to take a break or to skip parts of the study if you want to. You may also withdraw from the study at any time for any reason.

  If you are having thoughts of self-harm call the study investigator at the telephone number listed on the first page of this form. If you feel in crisis, you can call 911 and/or a Nationwide Suicide Hotline that is answered 24 hours a day with a skilled, trained counselor. One example is the National Suicide Prevention Lifeline at 988.

- **Email Communication Risks:** Because this study is remote, we will need to use email to send you study information, such as Zoom invitations to your appointments. If you would like to communicate with the study team using unencrypted email, we will ask you to sign a separate consent form that contains information regarding email communication and its risks. We will save emails that are sent to our email addresses as part of your study record. We will protect your emails as we do with any other records. However, you should think about the risks before sending emails with sensitive information (such as information about health conditions or symptoms). You may also choose to communicate via ProofPoint, which is an encrypted email service offered by the University of Minnesota. To use this service, you will be asked to create an account at no cost to access your messages. You can let us know your preference below.

- **Text Communication Risks:** If you would like to communicate with the study team using text messaging, we will ask you to sign a separate consent form that contains information regarding text communications and its risks. All texting will be done using a University of Minnesota owned cell phone. Text messages will be deleted at the end of each conversation unless they are significant (for example, if they tell us about a health issue). In these cases, we may save those texts like we would with emails—they will still be deleted from the phone, but the screenshots of the text may be saved. Just like with

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emails, you should think about the risks before sending any texts with sensitive information. We will not store your name on our cell phone, but instead will save your phone number using your unique study ID. When you are finished with the study, we will delete your number from the cell phone.

- **Terms of Use Risks:** As part of this research, you may be required to use one or more of the following: a phone or web app/site, for example BrainHQ's cognitive training software, that tracks information about you. While using these, information about you may be collected and shared with the researchers or people outside of the study. This data might include personal health information, location, call logs, text message history, web browsing history, or social media use. A complete description of the data collection and sharing for an app can commonly be found in the Terms of Use, End User License Agreement, or Privacy Policy associated with the web app/site. If you would like to read these documents, request a copy or instructions about how to access this information from the investigator.

  While the Terms of Use, End User License Agreement, or Privacy Policy may include statements limiting your rights if you are harmed as a result of your use of the app/site in this study, you do not release the investigator, sponsor, institution, or agents for responsibilities from mistakes. You also do not waive any of your rights as a research participant.

Please note that the study emails and phone numbers are not appropriate for emergencies, and are only monitored during business hours.

We will tell you about any new information that may affect your health, welfare, or choice to stay in the research.

If we learn of any concerning mental health symptoms, such as intent to harm self or others, we may need to break confidentiality. We will ask you additional questions about your thoughts. If deemed necessary, we will contact a treating clinician to ensure that you have appropriate follow up care. If we cannot reach a treating clinician and/or if we determine the risk to be immediate, we may contact a mental health crisis team local to you. As a last resort, we may need to contact 911. We also may provide you with a list of national mental health resources.

Will it cost me anything to participate in this research study?

Taking part in this research study will not lead to any costs to you.

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What happens to the information collected for the research, including my health information?

We try to limit the use and sharing of your information, including research study records, any medical records, and any other information about you, to people who have a need for this information. But we cannot promise complete confidentiality.

Overview

If you participate in this study, your information, including your health information, will be used and shared for purposes of conducting this research. As described later in this Consent and Authorization Form, your information may also be used and shared for publishing and presenting the research results, future research, and any optional elements of the research you agree to in this Consent and Authorization Form. If you sign and date this Consent and Authorization Form, you are giving us permission to use and share your health information for these purposes, and if we are using your medical records, you are giving permission to any health care providers who are treating you to share your medical records with us.

What health information will be made available?

Health information about you to be used and shared for the research includes those items checked by the research team below:

☐ Your medical records, which may include records from hospital and clinic visits, emergency room visits, immunizations, medical history and physical exams, medications, images and imaging reports, progress notes, psychological tests, EEG/EKG/ECHO reports, lab and pathology reports, dental records, and/or financial records. These records may be used and shared for as long as this research continues.

☒ Information collected as part of this research study, including research procedures, research visits, and any optional elements of the research you agree to, all as described in this Consent and Authorization Form. This information might not be part of your medical record, and may include things like responses to surveys and questionnaires, and information collected during research visits described in this Consent and Authorization Form.

What about more sensitive health information?

Some health information is so sensitive that it requires your specific permission to be collected and used by study teams as part of the research study you are participating in.

If the research study you are participating in requires the sensitive information below, the "Applicable" box will be marked by the study team and you will be asked to indicate whether you

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permit or refuse the collection of this information by the research team, as described in the Consent Form, by providing your initials next to the correlating statement. Note, if you refuse the collection of this information, you may not be able to participate in the study. Please let the study team know if you have any questions about this.

If the research study you are participating in will not be collecting the sensitive information below, the N/A box will be marked by the study team and you will be asked to provide your initials under "**N/A"** next to the correlating statement.

Checked by Study Team			**Initialed by Research Participant**		
Yes (Applicable to study)	**N/A (Not applicable to study)**		**Yes (willing)**	**No (unwilling)**	**N/A (Not applicable to study)**
☒	☐	My drug and alcohol abuse, diagnosis and treatment records	_____	_____	_____
☐	☒	My HIV/AIDS testing records	_____	_____	N/A
☐	☒	My genetic testing records	_____	_____	N/A
☒	☐	My mental health diagnosis/treatment records	_____	_____	_____
☐	☒	My sickle cell anemia records	_____	_____	N/A

Who will access and use my health information?

If you agree to participate in this study, your information will be shared with:

- The study investigator and study staff may share your information with representatives of the University of Minnesota and M Health. These people may use your information to provide oversight and administrative support for the research, conduct evaluations and reviews, and perform other activities related to the conduct of the research.

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- Others at the University of Minnesota and M Health/Fairview who provide support for the research or who oversee research (such as the Institutional Review Board or IRB which is the committee that provides ethical and regulatory oversight of research at the University, systems administrators and other technical and/or administrative support personnel, compliance and audit professionals (such as the Quality Assurance Program of the Human Research Protection Program (HRPP)), individuals involved in processing any compensation you may receive for your participation, and others).
- The University of Minnesota and representatives of this institution and its affiliates, including those that have responsibilities for monitoring or ensuring compliance, such as the Quality Assurance Program of the Human Research Protection Program.
- The research sponsor(s), any affiliates, partners or agents of the sponsor(s) involved in the research, organizations funding the research, and any affiliates, partners or agents of the funding organization(s) involved in the research.
- If you had study visits before 6/01/2025, the National Institute of Mental Health (NIMH) may review this data. If you agree to share your data below, the National Institutes of Health Data Archive (NDA) will have access to the data that is generated in this study.
- Organizations who provide accreditation and oversight for research and the study team, and others authorized by law to review the quality and safety of the research (such as U.S. government agencies like the Food and Drug Administration, the Office of Human Research Protections, the Office of Research Integrity, or government agencies in other countries).
- Organizations that process any payments that may be made to you for participating in this study, and any other individuals or organizations specifically identified in this Consent and Authorization Form.
- Greenphire is the company that processes compensation for research activities and reimbursement for parking. They will require your name, address, and date of birth in order to register your prepaid debit card. The University of Minnesota has a Business Associates Agreement with this company to ensure that they protect your personal information.
- In this study we use computer tasks that are developed by third party vendors. One is developed by The Many Brains Project. The information collected with these tasks will be stored on secure servers owned by the vendors, but they will not use the data without our permission. By design, they will not collect any of your personal information. The University of Minnesota has Data Sharing Agreements with The Many Brains Project to protect your study data.
- Posit Science Corporation is the company that produces the cognitive training programs used in this phase of the study. Their scientists often collaborate with us on our research publications, and they may receive access to your de-identified data from this study. Even though they will not receive any of your personal information, the University of

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Minnesota has a Business Associate Agreement with Posit Science to ensure that they protect your study data.

Additional sharing of your information for mandatory reporting

If we learn about any of the following, we may be required or permitted by law or policy to report this information to authorities:

- Current or ongoing child or vulnerable adult abuse or neglect;
- Communicable, infectious, or other diseases required to be reported under Minnesota's Reportable Disease Rule;
- Certain wounds or conditions required to be reported under other state or federal law; or
- Excessive use of alcohol or use of controlled substances for non-medical reasons during pregnancy.

How will my information be used in publications and presentations?

We may publish the results of this research in scientific, medical, academic, or other journals or reports, or present the results at conferences. Information that makes it easy to identify you (such as your name and contact information, SSN, and medical records number) will not be part of any publication or presentation. If you have an extremely unique or rare condition that is not shared by many others, it is possible that some people may be able to determine your identity even without these identifiers.

What will be done with my data when this study is over?

We will use and may share data for future research. They may be shared with researchers or institutions outside of the University of Minnesota. This could include for profit companies. We will not ask for your consent before using or sharing them. We will remove identifiers from your data, which means that nobody who works with them for future research will know who you are. Therefore, you will not receive any results or financial benefit from future research done on your data.

Optional Consent for Future Use of Identifiable Data

At the completion of this research study, we would like to store and be able to use and share your identifiable health information with researchers at the University or affiliated hospitals for other research related to psychosis. If you consent to have your interview appointments audio or video taped, these data will be identifiable after the research is complete. Any research that involves identifiable information will be reviewed by an Institutional Review Board (IRB), which is the committee that provides ethical and regulatory oversight of research at the University, prior to use. Because this health information is identifiable, we are asking your permission to store, use and share this information for other research. You can still take part in the research

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study even if you say “no” to this optional request.
We may not ask for your consent before using or sharing your identifiable data. You will not receive any results or financial benefit from the future research done on your data. We may share your identifiable data with outside researchers who will use them for future research.
If you leave the study, you can ask to have the data collected about you removed. You can also ask us to remove information that identifies you from the data. This may not be possible if your data have already been shared.

Please indicate whether you will allow the identifiable data to be used for future research by putting your initials next to one of the following choices:
_____ (initial) No, my identifiable data may not be used for future research. They may be used for this study only.
_____ (initial) Yes, my identifiable data may be used for other future research studies.

Do I have to sign and date this Consent and Authorization Form and give my permission to make my information, including my health information, available for use and sharing?
No, you do not have to sign and date this Consent and Authorization Form. But if you do not sign and date, you will not be able to participate in this research study. Treatment available outside of the study, payment for such treatment, enrollment in health insurance plans, and eligibility for benefits will not be impacted by your decision about signing and dating this Consent and Authorization Form.

Does my permission for making my health information available for use and sharing ever expire?
No, there is no expiration date.

May I cancel my permission for making my health information available for use and sharing?
Yes. You may cancel your permission at any time by writing to the researcher at the address on the first page of this Consent and Authorization Form. If you cancel your permission, you will no longer be in the research study. You may also want to ask someone on the research study team if canceling will affect any research related study treatment. If you cancel your permission, any health information about you that was already used and shared may continue to be used and shared for the research study and any optional elements of the study to which you agree in this Consent and Authorization Form.

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What happens to my health information after it is shared with others?
When we share your information with others as described in this Consent and Authorization Form, privacy laws may no longer protect your information and there may be further sharing of your information.

Will I be able to look at my records?
It is possible that the research study team may not allow you to see the information collected for this study. However, you may access any information placed in your medical records after the study is complete.

Certificate of Confidentiality
To help protect your privacy, the National Institutes of Health has granted a Certificate of Confidentiality. The researchers can use this Certificate legally to refuse to disclose information that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings for example, if there is a court subpoena. The researchers will use the Certificate to resist any demands for information that would identify you, except as explained below. It is unclear if the Certificate will work in foreign countries.

The Certificate does not prevent a researcher from reporting information learned in research when required by other state or federal laws, such as mandatory reports to local health authorities for abuse or neglect of children/vulnerable adults, or information to the Food and Drug Administration (FDA) when required in an FDA audit. However, the Certificate limits the researcher from disclosing such information in follow up civil, criminal, legislative or administrative legal proceedings if the information was created or compiled for purposes of the research.

You also should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, medical care provider, or other person obtains your written consent to receive research information, then the researchers will not use the Certificate to withhold that information.

Please note: The Certificate of Confidentiality only covers data that was collected under the original NIH-supported grant. This grant ended on 5/31/2025. Any data that is collected after this date will not be covered by a Certificate of Confidentiality. We will continue to protect your data, but may be required to share it with outside sources if given a lawful order.

Will I receive research test results?
Most tests done on samples in research studies are only for research and have no clear meaning for health care. The investigators will not contact you or share your individual test results. A description of this clinical trial will be available at http://www.ClinicalTrials.gov,

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as required by U.S. Law or other guidelines. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time.

Whom do I contact if I have questions, concerns or feedback about my experience?

To reach the research team: Please see the "Investigator Contact Information" section at the beginning of this form.

To reach someone outside of the research team: This research has been reviewed and approved by an IRB within the Human Research Protections Program (HRPP). To share feedback privately with the HRPP about your research experience, call the Research Participants' Advocate Line at 612-625-1650 (Toll Free: 1-888-224-8636) or go to z.umn.edu/participants. You are encouraged to contact the HRPP if:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.
- You have questions about your rights as a research participant.
- You want to get information or provide input about this research.

Will I have a chance to provide feedback after the study is over?

The HRPP may ask you to complete a survey that asks about your experience as a research participant. You do not have to complete the survey if you do not want to. If you do choose to complete the survey, your responses will be anonymous.

If you are not asked to complete a survey, but you would like to share feedback, please contact the study team or the HRPP. See the "Investigator Contact Information" of this form for study team contact information and "Whom do I contact if I have questions, concerns or feedback about my experience?" of this form for HRPP contact information.

Will I be compensated for my participation?

If you agree to take part in this research study, we will pay you $350 for your time and effort, as follows:

- Intake Visit: $25
- Baseline Visit: $50
- 240 levels of cognitive training: $150 (or $15/hour)
    - Bonus for completing at least 220 levels: $50
- Post-Training Visit: $50 + $25 bonus = $75
- Total: $350

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Consent Form (includes HIPAA Authorization)

You may earn about $15 per task for your performance on two computerized tasks each time you complete them. Therefore, you could earn about $60 additional dollars for completing each computerized task two times in the study.

If study appointments go over the allotted time, you may be compensated for the additional time at a rate of $20/hour, rounded up in 15 minute increments.

If you pay for parking or transportation (such as bus fare or a taxi), you may be eligible for reimbursement. In order to do so, the study team will need a receipt. If you lose your receipt, the study team will work with you to find a solution. In addition, the study team may be able to assist you with scheduling a ride through a transportation service directly, at no cost to you. Mileage reimbursement will not be offered. If you are interested in this, please talk to the study team to make a travel plan.

Payment will be made using a pre-paid debit card called Greenphire ClinCard. It works like a bank debit card. We will give you a debit card and each time you receive a payment for participation in this study, the money will be added to the card after each completed visit.

You may use this card at any store that accepts MasterCard or you can use a bank machine to remove cash. However, there may be fees drawn against the balance of the card for cash withdrawals (ATM use) and inactivity (no use for 6 months). We will give you the ClinCard Frequently Asked Questions information sheet that answers common questions about the debit card. You will also receive letters with additional information on how you can use this card and who to call if you have questions. Be sure to read these letters, including the cardholder agreement, for details about fees.

The debit card system is administered by an outside company. The company, Greenphire, and MasterCard, will be given your name, address, and date of birth. They will use this information only as part of the payment process. Your information will not be used for any other purposes and will not be given or sold to any other company. Greenphire and MasterCard will not receive any information about your health status or the study in which you are participating.

Additionally, you will have the option to receive updates related to appointment reminders and payment reminders and updates via text message and email message (Standard text messaging rates will apply). You will have the opportunity to opt-in to receive these messages, you are not required to provide your cell phone or email address to be enrolled in the study or use a ClinCard. If you choose to receive messages and decide at a later date that you want to stop these messages, you will have the ability to opt-out.

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Any demographic information collected and provided to Greenphire is stored in a secure fashion and will be kept confidential, except as required by law.

If you choose to receive any communications via texts or emails, you will be asked to sign a separate form.

Payment you receive as compensation for participation in research is considered taxable income. If payment to an individual equals or exceeds $600 in any one calendar year, the University of Minnesota is required to report this information to the Internal Revenue Service (IRS). Research payments to study participants that equal or exceed $600 during any calendar year will result in a FORM 1099 (Miscellaneous Income) being issued to you and a copy sent to the IRS.

Optional Research Activity: The research study that you are participating in might have optional research activities associated with it, meaning that you do not have to agree to these activities in order to participate in the research study. Please indicate your willingness to participate in these optional activities and authorize use of your information from these optional activities as described below by placing your initials next to each activity.

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	Yes (willing)	No (unwilling)
The investigator for this research may contact me in the future to see whether I am interested in participating in other research studies conducted by the investigator or collaborating investigators on this study.	____	____
The investigator may audio or video record my interviews to help conduct the research. The investigator will not share these recordings with anyone outside of the study team and our collaborators (unless further permissions are given below).	_____	_____
The investigator may use my audio or video recordings to help train staff on how to carry out the study appointments.	_____	_____
The investigator may use my audio or video recordings in scholarly presentations or publications. My identity may be shared as part of this activity	_____	_____
I would like to receive reminders using Greenphire.		
□ Email		
□ Text	____	____
My study data may be added to the NIMH Data Archive	____	____
I give the study team permission to use data from me and share data with other research studies that I participate in	____	____
I give study staff permission to use data from and share data with the Consortium of Psychosis Research Recruitment (COPRR) if I am enrolled in it.	_____	_____
I give permission for the study team to contact a family member or friend to talk to them about the study and my health status	____	____

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I would like to communicate with the study team using email. Email communication is required for remote appointments. I would prefer to use:			
□	ProofPoint secure email (encrypted) email. (You will be required to create and account to use this service)		
□	Regular, unsecure email (You will be required to sign a separate authorization form to allow for regular email use)	____	____
I would like to communicate with the study team using text messaging. Standard messaging rates may apply. (You will be required to sign a separate authorization form to allow for text messaging)		____	____

How would you prefer that we keep in touch with you? You will also be asked to sign separate authorization forms if you choose to use email or text messaging.

Email [ ] Text [ ] Phone call [ ]

Signature Block:

Your signature documents your permission to take part in this research. You will be provided a copy of this signed and dated document.

_____ _____
Signature of Participant Date

_____
Printed Name of Participant

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_____ _____

Signature of Person Obtaining Consent Date

_____

Printed Name of Person Obtaining Consent

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