



About this Workshop Packet

To Stanford Self-Management Program Leaders:

Thank you for leading this workshop! Your help in collecting information using the forms described below will enable us to learn about the people who are taking this workshop, so that we can determine how best to serve all members of the community. We appreciate your help.

1. Overview of Forms

This packet includes the survey forms required for your workshop. These include:

Form	Description	Purpose	How to Use
1. Program Summary Form	1 page, double-sided. One per workshop.	Records details about the location, dates, leaders, and enrollment of this workshop.	Fill in the details about your workshop. Use as a cover sheet for the packet of forms that will be returned to OHA.
2. Attendance Log	1 page, single-sided. One per workshop.	Records attendance by session for each participant.	At the first session, write the initials of participants as they are provided on their <i>Participant Information Form</i> (see below). Record each person's attendance at each session for all six weeks (seven for PSMP).
3. Leader Welcome Script	1 page, single-sided. One per workshop.	This form provides participants with information about the <i>Participant Information Form</i> .	Read to participants at the beginning of the workshop before they fill out the <i>Participant Information</i> form (see below).
4. Participant Information Form	1 page, double-sided . One for each enrolled participant.	Participants are asked to provide some information about themselves on this optional form.	Please copy as a double-sided page. Distribute to participants at the beginning of the workshop, as you read the welcome script (see above).
5. Leader Non-Disclosure Agreement	1 page, single sided. One per leader.	Demonstrates your commitment to protect confidentiality of participant information as required by federal law.	Each leader should sign and date this form. Send the original to OHA with the other program forms. OHA only needs to receive this once.
6. Privacy and Information Security Training Completion Certificate	1 page, single sided. One per leader	Demonstrates that you have completed required privacy and information security training as required by federal law.	Each leader should sign and date this form. Send the original to OHA with the other program forms. OHA only needs to receive this once.

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2. What leaders need to know about the confidentiality of participant information:

Participants are asked to provide a small amount of demographic data on the *Participant Information* form. Everyone touching the information, from leaders who collect the forms, to coordinators who send the forms to OHA, must sign and submit a Non-Disclosure Agreement and a completion certificate or the required Privacy and Information Security training. **Leaders should read the welcome script (#5 above) to participants before they fill out the Participant Information Form. This script describes why their information is being collected, how it will be used, and how it will be protected.**

3. What to do with the completed forms

Example: At the end of the 6-session workshop, please check to see that the participant initials written on the *Attendance Log* match the initials provided on the *Participant Information* form, and that all forms are as complete as possible. Clarify any unclear responses with participants (blanks, cross-outs, multiple responses when one response is requested, etc.). Return all the completed forms (*Program Summary*, *Attendance Log*, and *Participant Information*) within two week after the last session to Oregon Health Authority in order to receive books – ***any data received after 8 weeks will still be accepted but no books will be provided in return.*** Each leader must also submit a copy of the Non-Disclosure Agreement and a certificate of completion for the Privacy and Information Security Training. OHA will keep these on file for three years as required by law.

If you have any questions or concerns about these forms, please contact The Oregon Health Authority at 888-576-7414 or living.well@state.or.us