## **Consent Form (Adult)**

I agree to participate in the study conducted by the [Agency/Organization].

I understand that participation in this usability study is voluntary and I agree to immediately raise any concerns or areas of discomfort during the session with the study administrator.

Please sign below to indicate that you have read and you understand the information on this form and that any questions you might have about the session have been answered.

Date: 3/13/24

Please print your name: TheMas Marchage

Please sign your name: Themas Marchand

Thank you!

We appreciate your participation.

U.S. Department of Health & Human Sawices - 200 Independence Avenue, S.W. - Washington, D.S. 20201

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usability.gov mproving the liser Experience

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