

Study Information Form (English Version)

INFORMATION ABOUT THE STUDY FOR THE PARTICIPANT OR THEIR LEGAL REPRESENTATIVE

Title of the scientific study:

Principal Investigator:

Dr. Robert Trybulski, PhD, physiotherapist

Participation in this study is completely voluntary.

If you agree to participate, you may withdraw your consent at any time without providing a reason.

Refusing to give consent or withdrawing it will not result in any consequences for you, especially no penalties or loss of rights to which you are otherwise entitled, including the right to healthcare.

Before deciding whether to participate in this study, please read the entire text below carefully.

1. Purpose of the Study

The project aims to ??????..

2. Duration, Place, and Method of Study Implementation

(To be filled in by the researcher)

3. Expected Benefits of the Study

(To be filled in by the researcher)

4. Risks for Study Participants

(To be filled in by the researcher)

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5. Processing and Protection of Personal Data

Your personal data included in this study's documentation will be processed solely for scientific purposes related to the implementation of the study, in accordance with the provisions of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 (GDPR).

All information about you or the minor represented by you as a legal representative collected during the study will be kept strictly confidential.

Procedures will be implemented to ensure adequate protection of your personal data and the personal data of the minor represented by you, preventing unauthorized access to the study documentation and to such data.

The results of the study will be presented at conferences and in scientific publications in a way that does not allow identification of you or the represented minor as a participant.

6. Contact

The principal investigator is always available to answer any questions you may have regarding this study.

If you have any doubts or questions, please contact the principal investigator via:

- Email: rtryulski.provita@gmail.com
- Phone: 502 591 428
- Or through: CM Provita, Aleje Zjednoczonej Europy 37, 44-240 Żory
- Tel: 32 700 34 81
- Website: rehabilitacja-provita.pl