Example Consent Form for In-Person Studies

RESEARCHERS

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DESCRIPTION

The purpose of this study is {briefly describe here what your participants need to know about the research. This should include noting subject matter, when appropriate, so that they can decide whether or not to participate}. Participants will be asked to {describe here what they will be doing: a survey, a focus group, an experiment, etc.}. They will also be asked to fill out a demographic questionnaire. This study will require approximately {state expected time frame) minutes of your time during a {include number of sessions} session.

EXCLUSION CRITERIA

Participants must be 18 years of age or older and {state any other qualifying criteria here}.

RISKS

{For minimal risk studies this section may include} There is a slight possibility that you will experience unpleasant feelings in your participation in these procedures as you might find in many psychological experiments. However, you should not experience any other risks than those encountered in everyday, normal living. {describe all other risks as necessary}

COVID-19 RISKS

In-person research poses unique health risks to participants. The research team will do their best to make sure you understand the risks of COVID-19 and to follow CDC recommendations such as masking.

Despite everyone’s efforts, there is still a risk that you may already have COVID-19 or may become infected with COVID-19 and may then infect others. It is strongly recommended that you wear a mask to prevent infecting those you interact with.

The research team will take the following steps to prevent the spread of COVID-19 {describe the steps you will take to protect participants such as screening participants, keeping 6 feet of physical distance, wearing a mask and other PPE, and sanitizing surfaces}

BENEFITS

{Only include example items below if applicable. Add your own benefits as necessary}

a) When your participation is complete, you will be given an opportunity to learn about this research, which may be useful to you in your course or in understanding yourself and others.

b) You will have an opportunity to contribute to psychological science by participating in this research.

c) Your instructor may or not provide extra credit in exchange for your participation.

CONTACT PEOPLE

If you have any questions about this research, please contact the Dr. Stevens by phone or email (432- xxx-xxxx or steven\_j@utpb.edu) or Ms. Smith via email at smith\_s450@uptb.edu. If you have questions about your rights as a research participant contact the Office of Graduate Studies (432) 552-2530 or Dr. Kara Rosenblatt

VOLUNTARY NATURE OF PARTICIPATION

You may withdraw from the research study at any time since your participation is entirely voluntary. If you decide not to participate, there will be no penalty or loss of benefits to you to which you are otherwise entitled. If you decide to participate, you may discontinue at a later date without penalty or loss of benefits to you to which you are otherwise entitled.

CONFIDENTIALITY

Your consent form will be kept separate from your anonymous survey responses. No one will be able to know which are your questionnaire responses. All data will be kept in secured files, in accord with the standards of the University, Federal regulations, and the American Psychological Association. Finally, remember that it is no individual person's responses that interest us; we are studying question about people in general. The data derived from this study could be used in reports, presentations, and publications but you will never be individually identified.

SECONDARY RESEARCH

{Inform participants if you will or will not use or share their data for future research. If you collect private information (i.e., your data is not anonymous)but later remove identifiers from data and use the data in future research or distribute it to other researchers to use, include a statement of this fact here. If you will share or use anonymous data for future research also state that here. If the participant’s information will not be used in the future or distributed for future research studies, state that here. An example statement is} The researcher(s) may remove any personal information that could identify you {if the research is not anonymous} and use or distribute the data for future research studies without asking for your additional permission.

RESEARCH RESULT SHARING & RETAINMENT OF INFORMATION

The information obtained here {inform participants whether the results of the research will be shared and the length of time that the de-identified or identifiable information will be stored} will be de-identified {if it is not already anonymous} and obtained indefinitely. Further, the results of the research will not be shared with participants. However, should participants be interested in publications that result from this research they may contact the principal investigator at the email address or phone number listed above.

CONSENT

Your signature (or electronic signature via checking a box below) means that you have freely agreed to participate in this research study. You should consent only if you have read the previous or is has been read to you and you understand its contents.

You may print a copy of this form for your records.

Signature