

Please delete all information in red and modify the header. For more information about writing consent documents, please see [Consent](#). Remember that information in the consent should match what is described in your protocol.

Model Informed Consent Agreement

Please read this consent agreement carefully before you decide to participate in the study.

Purpose of the research study: The purpose of the study is... This section should match your description in Section C-1 of your protocol form, though please provide concise information that is easy to understand.

What you will do in the study: Be specific; provide an accurate description of what the participants will do, as described in the protocol in Section C-1. Include a brief statement about the data you will collect from the participant as described in Section C-4. If the participant will be photographed, audio taped, or video taped, include a description in this section. If your study involves deception, please give as much information as possible without using statements that are part of an experimental deception in the consent form. If your study involves an interview or a survey, inform participants that they can skip any question that makes them uncomfortable and they can stop the interview/survey at any time.

Time required: The study will require about ____ hours of your time. If the study includes multiple sessions, describe the amount of time that is required for each task, session, experiment (as outlined in the "What you will do in the study" section above) and the total time for all sessions.

Risks: Describe the risks and what you will do to minimize the risks, as described in Section C-5 of the protocol. Include all possible physical, psychological, professional or personal risks and/or hazards for the participants in this section. Any risks listed in Section C-5 of the protocol must be addressed in the consent form. However, it is important to not overstate the risks as well. If there are no risks to the participant, then state: There are no anticipated risks in this study.

Benefits: There are no direct benefits to you for participating in this research study. The study may help us understand... Provide information as described in Section C-6. Please limit your benefits section to one or two sentences. Please do not overstate the benefits or include payment or credit in the benefits section.

Confidentiality: Use this section to describe how you will keep the participant's data private and confidential. This could include a brief statement about how you will collect their data, store it, and use it in your study, as stated in Section C-4.

The following text can be used as a model for the more common data collection scenarios:

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Approved SBS Staff	from: _____ to: _____

Data linked with identifying information:

The information that you give in the study will be handled confidentially. Your information will be assigned a code number. The list connecting your name to this code will be kept in a locked file. When the study is completed and the data have been analyzed, this list will be destroyed. Your name will not be used in any report. If you are using an audio tape, video tape, or photograph in the study, describe when their materials will be destroyed.

Anonymous data:

The information that you give in the study will be handled confidentially. Your data will be anonymous which means that your name will not be collected or linked to the data. If it is possible for you (the researcher) to deduce the participant’s identity, state the following: Because of the nature of the data, it may be possible to deduce your identity; however, there will be no attempt to do so and your data will be reported in a way that will not identify you.

Confidentiality cannot be guaranteed:

In some cases it may not be possible to guarantee confidentiality (e.g. an interview of a prominent person, a focus group interview). Please use the following text if you cannot guarantee confidentiality: Because of the nature of the data, I cannot guarantee your data will be confidential and it may be possible that others will know what you have reported. Please note that in some cases if confidentiality cannot be guaranteed, it may be a risk to the participant and should be explained in the “Risks” section as well.

Voluntary participation: Your participation in the study is completely voluntary. If the participant is receiving treatment or service at a facility where the study is conducted, consider emphasizing that their treatment or service will not be affected by their participation in the study.

Right to withdraw from the study: You have the right to withdraw from the study at any time without penalty. If you are using an audio or video tape, please state that the participant’s tape will be destroyed should they decide to withdraw.

How to withdraw from the study: Please modify this section so that it accurately describes how to withdraw from the study while it is being conducted and how to withdraw after it is completed, where appropriate (it may be impossible to withdraw if the data are anonymous).

If you want to withdraw from the study, (explain how to withdraw from the study, such as “tell the researcher and leave the room” or “tell the interviewer to stop the interview”). There is no penalty for

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withdrawing. **If payment or course credit is being offered, include the following phrase:** You will still receive full payment **(or credit)** for the study. Payment can be prorated if there are multiple sessions. If you would like to withdraw after your materials have been submitted, please contact... **If deception is included in the study, let the participant know that they will be debriefed if they withdraw from the study and that their data will be destroyed.**

Payment: You will receive no payment for participating in the study. **If [payment](#) or credit is being offered, describe it here. If the payment involves a lottery or drawing, describe the odds of winning the payment. If you are offering class credit to participants from a participant pool, please use the specific term: "class participation credit."**

If you have questions about the study, contact:

Researcher's Name If there are multiple PIs, list contact information for each person.

Department, Address

University of Virginia, Charlottesville, VA 22903.

Telephone: (434)...

Email address

Faculty Advisor's Name Include this information for student or staff research projects.

Department, Address

University of Virginia, Charlottesville, VA 22903.

Telephone: (434)...

Email address

If you have questions about your rights in the study, contact:

Tonya R. Moon, Ph.D.

Chair, Institutional Review Board for the Social and Behavioral Sciences

One Morton Dr Suite 500

University of Virginia, P.O. Box 800392

Charlottesville, VA 22908-0392

Telephone: (434) 924-5999

Email: irbsbshelp@virginia.edu

Website: www.virginia.edu/vpr/irb/sbs

Agreement:

I agree to participate in the research study described above.

Signature: _____ **Date:** _____

You will receive a copy of this form for your records.

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