

Template Consent Form

JACKSON STATE UNIVERSITY CONSENT DOCUMENT FOR RESEARCH PARTICIPANTS

INVESTIGATOR:

Your Name

Department

Address

City, State, Zip

Telephone Number

JSU E-mail address

ADVISOR:

Your Advisor (if student application)

Department

Address

City, State, Zip

Telephone Number

JSU E-mail address

TITLE OF STUDY:

PURPOSE OF STUDY: You are being asked to take part in a research study to determine *(describe the purpose of your study)*. The goal of the research project is to determine the relationship (if any) between certain *(variables, conditions, ideas, etc.)* and *(any other procedures as they are explained to the participant)*.

METHODS AND PROCEDURES: The entire procedure should take *(time required for completion of forms/procedures)*. If you agree to take part, *(explain what they are being asked to do to participate. Follow the example.)* you will first be asked several questions about personal and background information such as your age, race, education level, etc. *(describe instruments and what they measure. Follow the example.)*. The *(survey, tests, questionnaires)* measure only an estimate of (____); therefore, results will not be provided to you. You will then be read *(next requirement for participation until all parts are explained to subject. Follow the example.)* a *(story, explanation, etc.)* about the *research subject* and asked to answer several questions based on the information you are given. Finally, you will be asked to complete two brief self-report forms.

You may ask questions at any time during the study and you are free to contact me or my advisor should you have any questions about the research project.

RISKS AND DISCOMFORTS: We expect no risks or discomfort for people in this study *(Explain if there are risks or discomforts. For example, some issues research investigates are private and confidential. Provide the name and number of the facility you will refer them to if the need arises.)* However, it is possible that you may feel somewhat uneasy answering the questions involved.

BENEFITS: The information obtained in this study may not directly benefit you. However, the results may provide needed information about *(the purpose of your study and how it relates to the variable, procedures, instruments, etc.)*.

CONFIDENTIALITY OF RECORDS: All information obtained during this study is private. That is, we protect the privacy of people by withholding their names and other personal

information from all persons not connected to this study. Each person will be identified using a code number rather than your name. Raw data will be kept in a secure location until the information has been saved as data file for analysis. Information will stored in the most secure manner as possible for 3 years as required by federal law. Although the information in this study is private, security of the data can only be promised within the boundaries of the university and researcher or faculty advisor. Confidentiality will be broken if the information obtained reveals that you intend to harm yourself or another person.

VOLUNTARY PARTICIPATION: Taking part in this study is completely voluntary. You may refuse to answer any specific question. Participants may withdraw at any time without penalty or prejudice.

PARTICIPATION CONSENT: I have had the purposes and procedures of this study explained to me and have had the opportunity to ask questions. My signature shows my willingness to take part in the study under the conditions stated.

This study has been reviewed by the Institutional Review Board of Jackson State University, which ensures that research projects involving human subjects follow federal regulations. Any questions or concerns about rights as a research participant should be directed to Dr. Felix Okojie, Vice President for Research and Federal Relations, Jackson State University, P.O. Box 17057, Jackson, Mississippi, 39217, or (601) 979-2931.

Participant Signature

Date

Investigator Signature

Date

Sample of HIPAA paragraph to include on consent for studies using protected health information. Do not include if you are not conducting a clinical or medical study.

Protected Health Information

Protected health information is any personal information that relates to your past, present, or future health or physical condition through which you can be identified. The data collection in this study includes such things as age, race, physical health status, and emotional adjustment. Study information collected solely for this research study and not as part of your regular care will not be included in your medical record. A decision to participate in this research means that you agree to the use of your health information for the study described in this form. This information will not be released beyond the purposes of conducting this study. The information collected for this study will be kept for a period of three years. If you decide to withdraw, the information already collected about you may still be used in this study. While this study is ongoing you may not have access to the research information, but you may request it after the information is completed.