Template Consent Form
(with Assents)

JACKSON STATE UNIVERSITY CONSENT DOCUMENT FOR RESEARCH PARTICIPANTS

INVESTIGATOR: Your Name
Department
Address
City, State, Zip
Telephone Number
JSU E-mail address

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, and prior (describe instruments and what they measure. Follow the example.) a brief form of intelligence. The intelligence measure provides only an estimate of intelligence; 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 about a person and asked to answer several questions based on the information you are given in the story. 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 locked file cabinet for 3 years as required by federal law. Although the information in this study is private, it may be revealed in certain rare circumstances. 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 allow my child 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 the Vice President for Research and Federal Relations at Jackson State University, P.O. Box 17095, 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.

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.
Following are two sample assent forms. They are included as guides to you in construction of a child’s assent to be used in your project. Fill in the appropriate information and adjust to the specifics of your research.

NOTE:
*Do not include a statement to the effect that “your parent has agreed to allow you to take part in the study”. This implies the possibility of parental pressure for the child’s participation. Instead, use “your parent is aware of this project”.
*Make sure you use age appropriate language. For example, do not use the same language for a third grade student as you would for a graduate student.

Sample Minor Assent Document

Your parent knows we are going to ask you to participate in this project/fill out this survey. We want to know about kids’ attitudes/experiences about topic of research. It will take amount of time of your time to complete the task. Your name will not be written anywhere on the research instrument. No one will know these answers came from you personally.

If you don’t want to participate, you can stop at any time. There will be no bad feelings if you don’t want to do this. You can ask questions if you do not understand any part of the study.

Do you understand? Is this OK?

Name (Please Print): ____________________________________________________________

Signature: ___________________________________________________________________

Date: ____________________________________

Investigator’s Signature: ____________________________ Date: ____________
Sample Minor Assent Document

Project Title:
Investigator:

We are doing a research study about *purpose in simple language*. A research study is a way to learn more about people. If you decide that you want to be part of this study, you will be asked to *description, including time involved*.

There are some things about this study you should know. There are *procedures, things that take a long time, other risks, discomforts, etc*.

Not everyone who takes part in this study will benefit. A benefit means that something good happens to you. We think these benefits might be *description*.

If you do not want to be in this research study, we will tell you what other kinds of treatments there are for you. *This statement applies to research projects that offer treatment or intervention*.

When we are finished with this study we will write a report about what we learned. This report will not include your name or that you were in the study.

You do not have to be in this study if you do not want to be. If you decide to stop after we begin, that’s okay too.

If you decide you want to be in this study, please sign your name.

I, ________________________________, want to be in this research study.
(Print your name here)

(Sign your name here) (Date)

*Parts in Italics should be modified for your specific project. Other parts may need to be modified as well depending on your research methods.*