

Informed Consent Form

Project Title:

Principal Investigator (PI):

PI Telephone Numbers:

PI E-mail:

Faculty Advisor/ Faculty PI/ Dissertation Chair:

Faculty Telephone Numbers:

Faculty E-mail:

Location of Study:

You are being asked to participate in a research study conducted by [insert researcher's name(s)]. The researcher conducting this study will describe this study to you and answer all your questions. Please read the following information and ask any questions you might have before deciding whether to take part in the study. Your participation is entirely voluntary. You can refuse to participate without any penalty or loss of benefits to which you are otherwise entitled. You can refuse to participate at any time, and you can decline to answer any questions at any time. Simply tell the researcher that you wish to stop participating. All data collected before you stop will be destroyed and not used in the data analysis or results of this study. The researcher will provide you with a copy of this consent form for your records. A summary of the study results will be provided to you upon request.

The purpose of this study is to

If you agree to be in this study, you will be asked to do the following:

- Participate in a one-hour, audio-recorded interview.
- Review a transcript of your interview tape for accuracy.

The total estimated amount of time that you will be involved in this study is

Potential risks of being in this study:

- Loss of confidentiality if your name is associated with your responses.
- This potential risk is minimized through the use of pseudonyms that will be written onto interview tapes and used in the transcript of your interview tape.
- If recalling certain events during the interview causes you to become emotional, you may take a break for a few minutes. You may choose to continue, reschedule, or withdraw from the study. All data collected before your withdrawal will be destroyed and not used in the data analysis and written report.

Potential benefits of being in this study:

- The opportunity to make suggestions that may help others in similar situations in the future.

Compensation/ Costs:

You will not receive any financial compensation for your participation nor will you incur any costs as a result of your participation in this research.

Confidentiality and Privacy Protections:

Your identity in this study will be treated as confidential. Results of the study, including all collected data, may be published in my **dissertation/ thesis/ final document**, in future journal articles, professional presentations,

and Internet sites, but your name or any identifiable references to you will not be included. However, any records or data obtained as a result of your participation in this study may be inspected by the persons conducting this study and/or Union Institute & University's Institutional Review Board (IRB), provided that such inspectors are legally obligated to protect any identifiable information from public disclosure, except where disclosure is otherwise required by law or a court of competent jurisdiction. These records will be kept private in so far as permitted by law. All study data will be retained for a minimum of three years as required by the IRB and then destroyed. (PsyD students must retain study data for a minimum of five years. See APA Publication Manual, p. 240.)

If we communicate by e-mail during this study, please be aware that e-mail is not a secure form of communication. However, my computer has security software, and I am the only person who has access to my e-mail account. No one else will read our communications.

Termination of Study

Your participation in the study may be terminated by the investigator without your consent under the following circumstances: You fail to appear at a scheduled time for participation or fail to respond to a request to set up a time for your participation on two occasions. This study may need to be terminated without prior notice to, or consent of, participants in the event of illness or other pertinent reasons.

Subject and Researcher Authorization

I have read and understand this consent form, and I volunteer to participate in this research study. I understand that I will receive a copy of this form. I voluntarily choose to participate, but I understand that my consent does not take away any legal rights in the case of negligence or other legal fault of anyone who is involved in this study. I further understand that nothing in this consent form is intended to replace any applicable federal, state, or local laws.

Signatures

Participant Name (printed): _____

Participant Signature: _____

Date: _____

Principal Researcher's Name (printed): _____

Principal Researcher's Signature: _____

Date: _____

Note: You may contact the individuals listed at the top of this form with any questions about this study. You may also contact the IRB Director at Union Institute & University with any questions about your rights as a participant at 800.861.6400, ext. 1153, or at irb@myunion.edu. In the event of a study-related emergency, contact the individuals listed at the top of this form and the IRB Director within 48 hours.