Consent to Participate in a Research Study
Pitzer College

Title of Study:

Investigator(s):
(List Name, Field Group/Department, email for each Investigator)

Introduction

- You are being invited to be in a research study of [insert general statement about study].
- You were selected as a possible participant because [explain how subject was identified, include any exclusionary criteria].
- We ask that you read this form and ask any questions that you may have before agreeing to be in the study.

Purpose of Study

- The purpose of the study is [explain research question and purpose in lay language].
- Ultimately, this research may be [published as part of a book on..., presented as a paper, etc.].

Description of the Study Procedures

- If you agree to be in this study, you will be asked to do the following things: [explain procedures and tasks; identify any procedures that are experimental; describe length of time for participation, frequency and duration of procedures; etc.]

* [If applicable, explain any alternative procedures or courses of treatment available to the subject.]

Risks/Discomforts of Being in this Study

- [If there are no foreseeable risks, state as such] There are no reasonable foreseeable (or expected) risks other than those of everyday life.
- The study has the following risks. [Explain all risks, including the likelihood of the risk]. Second, [explain second risk, including the likelihood of each risk].

Benefits of Being in the Study

- [If there are no expected direct benefits to the participant, state as such.] [Compensation is not a benefit and learning about how experiments are conducted, or having the "opportunity to interact with investigators" is NOT a benefit of participating in a study].
- Indirect benefits to participation are [explain how subjects might benefit; e.g. contribution to knowledge, etc.]

Confidentiality [choose one of the following]

1. This study is anonymous. We will not be collecting or retaining any information about your identity.
2. The records of this study will be kept strictly confidential. Research records will be kept in a locked file, and all electronic information will be coded and secured using a password protected file. [For all data, including audio or video tape recordings, explain specifically who will have access to them, how long the data will be kept, if they will be used for educational purposes, and when and how]
they will be erased or destroyed.] We will not include any information in any report we may publish that would make it possible to identify you.

3. If you will be asking people to disclose their identity: With your permission, we will identify you in the material published. However, you will be given the opportunity to review and approve any material that is published about you. [If this option is used, include Waiver of Confidentiality – see below].

- **All consent forms should include the following language:**
  Confidentiality of information obtained in this research will be held confidential to the extent permitted by law. However, should any information contained in this study become the subject of a court order or lawful subpoena, Pitzer College might not be able to avoid compliance with the order or subpoena.

- **Under some circumstances, it may also be appropriate to include the following:**
  I understand that there are two exceptions to any promise of confidentiality. If information concerning suicide, homicide, or child abuse and neglect is revealed, it is required by law that this be reported to the proper authorities. In addition, should any information contained in this study become the subject of a court order or lawful subpoena, Pitzer College might not be able to avoid compliance with the order or subpoena.

**Compensation**

- [If there will be no compensation, state this.]
- If the subject will receive a cash or other incentive for participating, that should be listed here -- _NOT_ under Benefits.
- You will receive the following payment/reimbursement: [explain amount of payment or other reimbursement information (e.g., raffles, tokens, donations, etc.), as well as when payment and/or reimbursement will occur.]

**Right to Refuse or Withdraw**

- The decision to participate in this study is entirely up to you. You may refuse to take part in the study at any time without affecting your relationship with the investigators of this study or Pitzer College. Your decision to refuse will not result in any loss of benefits to which you are otherwise entitled. You have the right not to answer any question you do not wish to answer, as well as to withdraw completely from the study at any point during the process; additionally, you have the right to request that the researcher not use some or all of any information you may provide.

**Right to Ask Questions and Report Concerns**

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, [name] at [email] or by telephone at [phone number], or my advisor [name] at [email]. If you like, a summary of the results of the study will be sent to you. If you have any other concerns about your rights as a research participant that have not been answered by the investigators, you may contact Pitzer Institutional Review Board (IRB) at irb@pitzer.edu
- If you have any problems or concerns that occur as a result of your participation, you can report them to the IRB at the email address above.

**Consent**

- Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep, along with any other printed materials deemed necessary by the study investigators.
- Your signature below indicates that you are at least 18 years old.
• [Please note that electronic surveys should provide a link for participants to ask questions before consenting to participate. Please consult the Chair of the IRB if you have any questions.]

Name of Participant (print): __________________________________________________________
Signature of Participant: ________________________________ Date: ________________
Signature of Investigator(s): ________________________________ Date: ________________

[If using any of these additional requests, please insert before the Consent signature.]

[If using audio or video recording, use this section for signatures:]

1. I agree to be [audio or video] taped for this interview:

Name of Participant (print): __________________________________________________________
Signature of Participant: ________________________________ Date: ________________
Signature of Investigator(s): ________________________________ Date: ________________

2. I agree to be interviewed, but I do not want the interview to be taped:

Name of Participant (print): __________________________________________________________
Signature of Participant: ________________________________ Date: ________________
Signature of Investigator(s): ________________________________ Date: ________________

[If information about the participant will be disclosed, use this waiver and section for signatures prior to participation:]

Waiver of Confidentiality

I understand that my name and/or potentially identifying information will be used in conjunction with the presentation/publication of the results of this research and agree to waive my rights to protect the confidentiality of my responses. In signing this waiver, I further understand that I will be given the opportunity to review and approve or reject material related to my responses prior to publication. Upon review of the material, I also have the right to request that my name not be used in connection with the published material, thereby rescinding this waiver.

Participant’s Name (print): ________________________________ Date: ________________
Participant’s Signature: ________________________________ Date: ________________
Participant’s contact Information:
Email: 
Address: 
Phone: 

In consideration of the above Waiver of Confidentiality, the researcher agrees to provide you with a copy of any and all material, relevant to your participation, that is intended for publication that reveals or might reveal your identity in connection with the responses you have provided. You will then have the opportunity to review and approve or reject any material associated with your name or to request that your name not be used in connection with the published material.

Researcher’s Name (print) ________________________________
Researcher’s Signature: ________________________________ Date: __________________

Researcher’s contact Information:
Email: 
Address: 
Phone: 

[Post-Participation Waiver of Confidentiality]
I have had the opportunity to review material related to my responses in this research. Upon review of the material:

I understand that my name and/or potentially identifying information will be used in conjunction with the presentation/publication of the results of this research and affirm the waiver of my rights to protect the confidentiality of my responses signed prior to my participation in the research.

Participant’s Name (print): ________________________________
Participant’s Signature: ________________________________ Date: __________________

I understand that my name and/or potentially identifying information will be used in conjunction with the presentation/publication of the results of this research with the following exceptions:

I affirm the waiver of my rights to protect the confidentiality of my responses signed prior to my participation in the research with the exception of the material specified above which is to be excluded from presentation/publication of the results of the research.

Participant’s Name (print): ________________________________
Participant’s Signature: ________________________________ Date: __________________
I have decided that I do not want my name and/or potentially identifying information to be used in connection with the published material, thereby rescinding the waiver of confidentiality signed prior to my participation in the research.

Participant’s Name (print): ____________________________________

Participant’s Signature: _______________________________ Date: ______________