IRB/HSRC MODEL CONSENT FORM

One copy of the consent form must be kept for your records and one copy must be given to the subject. Please include all of the elements described below in the submitted consent document, unless the review board explicitly waives one or more of the required elements. Informed consent documents should contain these elements:

A. Purpose & Procedures: A fair explanation of the study's purpose and procedures.
B. Risks: A description of any possible discomforts and risk reasonably expected.
C. Voluntary: Clear instructions that the subject is free to withdraw or discontinue participation at anytime without prejudice or penalty. Subjects must receive any promised compensation even if they discontinue their participation.
D. Questions: An offer to answer any inquiries concerning the goals of the research or the research procedures and to provide a summary of results upon a request. A contact person and phone number should be provided.
E. Confidential: A statement that the data collected is confidential and that the subject will not be identified by name in writing or orally.
F. Data Management: Provide itemized explanation of how the data will be managed, stored, and protected.
G. Video and/or Audio: When utilizing video and/or audio recordings, clearly receive confirmation from participant, explain how the researcher will use session video and/or audio recordings, who will have access to the recordings, and length of time stored.
H. Participant Compensation: Explain that there will be no compensation or if compensation is given, explain that the participant may voluntarily withdraw with compensation promised.
I. Researcher's contact information.
J. Confirmation that the subject is over 18.
K. Restatement of voluntary participation.

Sample Participant Consent Form

Please acknowledge that you have read and agree to each paragraph by checking each box.

A. Explanation of Procedure.

Study Purpose – *(Create a clear and specific description of the study purpose and procedure)*
□ I consent to participate in this study concerning the relationship between life events and journal writing. I understand that I will be expected to write in a journal three times, as well as complete some tasks on the computer. I understand that there are three phases too this study, two of which require my presence at the laboratory. Sessions at the laboratory will not exceed sixty minutes and my commitment outside of the lab will be limited to a fifteen-minute period.

B. Identification of Risks.

Risk Mitigation - *(Describe any risks to participants and include community-based services available to support participants. If participants are LC students LC services may be listed)*
□ I understand that aspects of the study may ask me to reflect on life events that might elicit negative feelings initially, but that these feelings should dissipate over time. If these feelings do not dissipate, I understand that there are services available to assist me and I can contact these services if I feel I need assistance. I am aware that if I would like to utilize the services of a mental health expert, I can contact the Lewis & Clark Counseling Center at (503) 768-7160 or the Lewis & Clark College Health Center at (503) 768-7165. I also understand that I will be given a list of contact numbers for these services.

C. Freedom to Withdraw.

Voluntary Participation
□ I understand that I may terminate my involvement in the study for any reason without penalty or loss of compensation. I understand that I may decline to answer any question asked of me, and that by doing so I will not be required to terminate my involvement in the study.

D. Offer to Answer Inquiries.

Questions
□ I understand that the researcher is willing to answer any questions I might have after I have participated in the study. The researcher reserves the right to answer questions regarding the findings of the study until after the project has been completed.

E. Statement of Confidentiality and/or Anonymity.

Confidentiality
□ I understand that no individual data will be reported and that the researcher will not share my individual results with me either during or after the project. Subject codes will be used to maintain confidentiality. I permit publication of the results of the study with the agreement that appropriate steps are taken to maintain participant confidentiality.

F. Data Management

Data Management
□ I understand that data from this study will be kept no longer than five years after the study is complete.

□ I understand that data may be collected in written or digital form and the data will be stored under password protection.

□ I understand that data collected in this study belong to the researcher.

□ I may request to review my interview transcript and offer additional comments after the interview is complete

□ I permit publication of the results of the study with the agreement that appropriate steps are taken to maintain participant confidentiality.

G. Video and Audio Recordings

H. Compensation Information

I. Contact Information.

J. Age Confirmation.

K. Restatement of Freedom to Withdraw.

Video and Audio
□ I understand that the researcher will be utilizing (audio and/or video) to record the session(s). The recordings will only be used for (purpose). Only (researcher & other assistants names) will have access to the recordings. The recordings will be kept for (time range) in accordance with the studies Data Management agreement.

Compensation
□ I understand there will be no compensation for participation in this study. OR I understand that if I withdraw for any reason, I will not lose compensation for my participation.

Contact Information
□ I understand that matters relating to this study can be directed to (researcher) at (phone and email), or the faculty advisor at (phone and email). If I have additional questions or concerns about this study, I can contact the Lewis & Clark College Human Subjects Research Committee at irb@lclark.edu.

Age to Consent
□ I acknowledge that I am eighteen years of age or older, and that I have read and understand the above explanations.

Voluntary
□ Again, I understand that my participation in this study is voluntary and that I have the ability to withdraw at any point without penalty or loss of compensation.

_____

Participant's Name (Print) Participant's Signature Date

I have presented this information to the participant and obtained his/her voluntary consent.

_____

Researcher's Signature Date

The extra copy of the consent form is for you to keep.