

**Institutional Review Board (“IRB”)**

**Informed Consent Form Template**

Title of Research Study:

Introduction and Purpose: Briefly describe the research study.

Procedures: What will the participant be asked to do?

Potential Risk, Discomfort, or Inconvenience: Describe any potential risks, discomfort, or inconvenience. If applicable, provide a list of relevant help lines. For example:

*If you are experiencing mental health related distress, please dial 988 for the suicide and crisis lifeline or 866-903-3787 for the National Mental Health Hotline.*

Privacy and Confidentiality: How will data be stored securely? How will confidentiality be maintained? Explain who will have access to the participants’ information, who it will be shared with, why it will be shared, etc.

Also, the informed consent form must include information regarding any terms of service or end user agreement for technologies used in the research as well as information about whether a vendor has access to a participant’s contact list or other information on their device, ability to track location, and whether there is a possibility that any participant data will be used for marketing or other activities or sold to a third party.

Furthermore, federal regulations require that one of the following statements—allowing or prohibiting future research use of the data collected—be included in the consent forms for any study that collects protected health information (“PHI”):

This first statement, which follows, permits future research use and sharing of non-identifiable data collected for this research study.

*In accordance with scientific norms, the data from this study may be used or shared with other researchers for future research (after removing personally identifying information) without additional consent from you.*

The second statement, which follows, prohibits any future research use of data collected, even by the named investigators.

*Your private information collected as part of the research, even if identifiers are removed, will not be used or distributed for future research studies.*

Voluntary Participation:

*Participation in this research study is voluntary. Declining to participate will in no way impact your relationship with [Name of Primary Investigator] or Connecticut State Community College (“CT State”). If applicable, your decision to take part in this research study or not will not impact your grades, your relationship with your instructors, nor your standing at CT State. If you decide to participate in this research study, you have the right to stop participating at any time.*

Consent Statement: Either statement A or B below is required.

Statement A:

*I understand the procedures described above. My questions have been answered to my satisfaction, I have been given a copy of this informed consent form, and I agree to participate in this research study.*

*Signature:*

*Print Name:*

*Date:*

Statement B:

*I understand the procedures described above and all questions have been answered to my satisfaction. By returning this questionnaire/survey, I am agreeing to participate in this research study.*

*This study complies with the requirements for research involving human subjects by the CT State IRB. If you have any questions or concerns about being a participant in this research study, please contact the principal investigator, [INSERT NAME OF PI], by phone at [INSERT PHONE NUMBER] or by e-mail at [INSERT E-MAIL ADDRESS] or the CT State IRB at* *CTState-IRB@ct.edu**.*

Additional Factors:

*I am 18 years of age or older.*

*\_\_\_ No [SURVEY ENDS or you will need to obtain child/minor assent and parent consent.]*

*\_\_\_ Yes [SURVEY CONTINUES]*

*(If applicable) I give consent to be audio recorded during this study.*

*\_\_\_ No*

*\_\_\_ Yes*

*(If applicable) I give consent to be video recorded during this study.*

*\_\_\_ No*

*\_\_\_ Yes*

*(If applicable) I give consent for recordings resulting from this study to be used for (describe proposed use of recordings).*

*\_\_\_ No*

*\_\_\_ Yes*

*(If applicable) I give consent for my identity to be revealed in written materials resulting from this study.*

*\_\_\_ No*

*\_\_\_ Yes*

If any of these additional factors are relevant to your research study, make it clear whether the individual can still participate if they respond “No” to any condition.

If applicable, please describe the process of removing consent for any of the selected purposes.