

PSYCHOLOGY CONSENT FORM

The _____ supports the practice of protection of human participants in research. The following will provide you with information about the experiment that will help you in deciding whether you wish to participate. If you agree to participate, please be aware that you are free to withdraw at any point throughout the duration of the experiment.

1. **PURPOSE.** The purpose of this study is to:
2. **PROCEDURE.** If you agree to be in this study, you will be asked to do the following:

The total time required to complete the study should be approximately _____.

3. **BENEFITS.** Potential benefits to the study and to the participant include:
4. **RISKS.** Potential risks and discomforts the participant may experience may include:
5. **VOLUNTARY NATURE.** Participation in this study is entirely voluntary and you may refuse to complete the study at any point during the experiment or refuse to answer any questions with which you are uncomfortable.
6. **CONFIDENTIALITY.** Your name will never be connected to your results or to your responses on the questionnaires; instead, a number will be used for identification purposes. Information that would make it possible to identify you or any other participant will never be included in any sort of report. The data will be accessible only to those working on the project.
7. **QUESTIONS.** You may ask questions any time regarding the study. If you have questions later, you may contact _____ by phone at _____, or by email at _____.
8. **CONSENT.** I have read the above information. I have asked any questions I had regarding the experimental procedure, and they have been answered to my satisfaction. I consent to participate in this study.

Participant Signature: _____ **Date:** _____

Print Name: _____