PARTICIPANT INFORMED CONSENT

PROTOCOL TITLE:

NAME OF RESEARCHER:

PHONE:

PROJECT DESCRIPTION:

YOUR RIGHTS

Before you decide whether or not to volunteer for this study, you must understand its purpose, how it may help you, the risks to you, and what is expected of you. This process is called informed consent.

PURPOSE OF RESEARCH STUDY

PROCEDURES INVOLVED IN THE STUDY

DISCOMFORTS AND RISKS

POTENTIAL BENEFITS

STUDY WITH DRAWAL
You may choose not to enter the study or withdraw from the study at any time without loss of benefits entitled to you.

CONFIDENTIALITY OF RECORDS

PROBLEMS/QUESTIONS

Please ask questions about this research or consent now. If you have any question in future please ask..

AUTHORIZATION

I have read this paper about the study or it was read to me. I understand the possible risks and benefits of this study. I know being in this study is voluntary. I choose to be in this study: I know I can stop being in the study and I will not lose any benefits entitled to me. I will get a copy of this consent form. (Initial all the previous pages of the consent form)

_____

Client Signature Date

_____

Client Name (Printed)

_____

Researcher Signature Date

_____

Witness Signature Date

Initials _____