**HRP-502e: TEMPLATE – EXEMPT CONSENT DOCUMENT**

**INSTRUCTIONS:**

* This consent template is intended for use with Social-Behavioral focused studies that meet the criteria for exemption
* When you write a consent, keep an electronic, clean (all changes accepted, all comments deleted) copy. You will need to modify this copy when making changes.
* When you make changes, update the version date in the footer of the consent
* All referenced checklists, templates, policies, and manuals can be found in the RAMP Library and on the IRB website.
* As you are writing the consent, **remove all instructions in red italics so that they are not contained in the final version of your consent.** Depending on the nature of your study, some sections may not be applicable to your research. If so you may delete those sections.

**CONSENT TO PARTICIPATE IN RESEARCH**

**Title of research study: *[insert title of research study here with protocol number, if applicable]***

**Investigator: *[insert name of principal investigator]***

***[Use if research is funded]* Funding source:** ***[insert funding source]***

**Key Information:** We’re inviting you to take part in a research study.  We are conducting the study to *[describe the purpose or goals in simple language].*

**Participation Details:**

* **Your Role:** As a participant, you will be asked to complete a *[insert procedures]*about *[XYZ]*
* **Eligibility Criteria for Participation:** *[Specific inclusion and exclusion criteria as listed in the protocol]*
* **Time Commitment:** *[How long will it take to complete the procedure]*
* **How many people will participate?** *[Insert estimated number of participants listed in the protocol]*
* **Risks:** *[List the risks, if there are none include the statement “There are no anticipated risks or discomforts related to your participation”]*
* **Benefits of Participation:** *[List the benefits to the participant, there may be none: “There are no benefits for participating in this study.” Please note that potential societal benefits should be listed in the purpose of the study].*
* **Voluntary Participation:** Your participation is entirely voluntary, and you may withdraw from the study at any time without any consequences.
* **Future Research:** *[Inlcude one of the following statements as applicable]* De-identified data (all identifying information removed) may be shared with other researchers. You won’t be told specific details about these future research studies. *[OR]* Your data won’t be used or shared for any future research studies.

**Confidentiality and Data Security**

*[Include if applicable]* We’ll collect the following identifying information for the research: *[list. Examples: your name, email address, and the psychology class you’re enrolled in]*. This information is necessary *[explain why / what it will be used for. Example: This information is necessary so that you can receive extra credit].*

*[If you are using an online platform for the study procedures, i.e. zoom or Qualtrics]* We will use *[list platform(s)]* to conduct this study.  You may visit their website(s) for information regarding their privacy practices. *[Include the links below that apply to your study]*

* Zoom: <https://explore.zoom.us/en/privacy/>
* Google forms: <https://policies.google.com/>
* Qualtrics: <https://www.qualtrics.com/privacy-statement/>
* Survey Monkey: <https://www.surveymonkey.com/mp/legal/privacy/>
* MTurk: <https://www.mturk.com/privacy-notice>
* Prolific: <https://researcher-help.prolific.com/hc/en-gb/articles/360009094594-Data-protection-and-privacy>
* WhatsApp: <https://www.whatsapp.com/legal/privacy-policy>

**Where will my data be stored and how will it be protected**? *[Explain the confidentiality of the project and measures that will be taken to protect the data (i.e., how will recordings be handled, who will have access, where will data be stored (note a copy of data MUST be stored on mason property, this includes mason issued laptops and OneDrive, etc.,]*

*[If using electronic means pleas include the following statement:]* While it is understood that no computer transmission can be perfectly secure, reasonable efforts will be made to protect the confidentiality of your transmission.

*[If focus groups take place:]* Although focus group participants will be asked to keep the contents of the discussion confidential, due to the nature of a focus group, the researcher cannot control what participants might say outside of the research setting.

**How long will it be kept?** *[insert amount of time]*

**Who can see my data?**

* We (the researchers) will have access to *[insert type of data; Examples: identifiable (with your name included) – or – coded (names removed and labeled with a study ID) – or – de-identified (no names, birthdate, address, etc.)].* This is so we can analyze the data and conduct the study.
* Agencies that enforce legal and ethical guidelines, such as
	+ The Institutional Review Board (IRB) at George Mason University
	+ The Office for Human Research Protections (OHRP)
* We may share our findings in publications or presentations. If we do, the results will be *[state the kind of data that will be included in dissemination of your work. Examples: aggregate (grouped) data, with no individual results – or – de-identified (no names, birthdate, address, etc.).]* If we quote you, we’ll use pseudonyms (fake names).
* *[Delete if n/a]* Our funding agency requires us to make our dataset public so other researchers can use it. This public dataset will include only [state the kind of data that will be included. Examples: aggregate (grouped) data, with no individual results. – or – de-identified (no names, birthdate, address, etc.).
* *[Add anyone else who may potentially access the data. Describe the purpose of this disclosure, and what type of data (identifiable, de-identified, etc.).]*

*[Use paragraph + following bullet points if the study has a Certificate of Confidentiality]* To help us protect your privacy, we have a Certificate of Confidentiality from the National Institutes of Health (NIH). With this certificate, we can’t be forced by a court order or subpoena to disclose information that could identify you. However, there are times when your identity wouldn’t be kept secret, even with a Certificate of Confidentiality:

* If a government agency inspects the records, or to meet FDA requirements
* If you give someone written permission to receive this information, or if you tell someone the information yourself
* If you threaten to harm yourself or others
* In cases of child abuse
* If we’re required to report cases of certain contagious diseases (such as HIV) to the state

*[If participants are compensated, please include the amount of compensation, how it will be delivered and the following statement:]* Under the U.S. federal tax law you may have individual responsibilities for disclosing the dollar value of the incentive received on this study.

*[Research involving videotaping and/or audio-taping must include a description of when the taping will take place, the information being sought from the tapes, how the tapes will be kept secure, who will have access to the tapes, and if applicable, when the tapes will be destroyed. If recordings are being transcribed, please include when the recordings would be erased (i.e., as soon as they are transcribed) as well as any services being used to transcribe)]*

            \_\_\_\_\_\_\_ I agree to audio (video) taping.

            \_\_\_\_\_\_\_ I do not agree to audio (video) taping.

**Contact Information:**

If you have questions, concerns, or complaints, or think the research has hurt you, talk to the research team at ***[Insert email and phone number for the research team]***

This research has been reviewed according to George Mason University procedures governing your participation in this research. You may contact the George Mason University Institutional Review Board office at irb@gmu.edu if you have questions or comments regarding your rights as a participant in the study.

**Consent:** If you consent to participate in this study, please *[insert what the indication of consent would be – choose one of the options below]*

*[Example Signature Consent]*

By signing below, you acknowledge that you have read the information provided and consent to your participation in the research procedures.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_            \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Subject   Date

*[Example Check box consent:]*

Please indicate your consent for this study by checking the appropriate box:

* I agree
* I disagree

*[Example verbal consent prompt:]*

If you consent to these procedures, please verbally indicate your consent to the researcher now.

*[Example next button:]*

By clicking 'Next,' you indicate your consent to participate in the study and agree to the procedures outlined.