# **(Your Study’s Title)**

IRB# (XXXXXXXX) DATE APPROVED (XX/XX/XXXX) EXPIRES (XX/XX/XXXX)

# **Electronic Informed Consent**

**[How to use this template:** Statements in *yellow highlight* identify where information must be filled in with your specific study details. Statements in red are instructional notes. This paragraph and these yellow and red instructions should not be included in the final version of the consent.]

KEY INFORMATION

You are being asked to consent to participate in an online research study. The purpose of this study is to (insert your purpose)**.** Participation is voluntary. There is no penalty if you decide not to participate or withdraw from the study, and your relationship with (insert the researcher name(s)), the (insert your Program Name, if applicable), (insert Department Name), and Clarke University will not be affected by this decision. [You may also need to include an external agency in this list, if applicable.] The estimated time of participation is (insert time here). You will be expected to (briefly state what participants will be asked to do). Potential benefits for participating include (insert potential benefits). Potential risks of participating include (insert potential risks).

[If applicable, you may need to add the following statement at the end of the paragraph above:] “Alternative procedures or courses of treatment could include (insert potential alternative procedures or courses of treatment).”

QUALIFICATIONS TO PARTICIPATE

You are being asked to participate because you (insert inclusion criteria). Unfortunately, there are some reasons why you may not be able to participate. These include (insert exclusion criteria).

PROCEDURES

If you agree to participate in this study, you will be asked to (insert the more detailed version of the procedures in chronological order using lay terms).

PARTICIPANT CONFIDENTIALITY

Your responses to this survey will be automatically anonymous, and so your name will not be connected to any publication or presentation that uses the research findings from this study. [If you ask for any identifiable information from the participants, then you should indicate how your methods will protect their confidentiality, and that the identifiable information will only be shared if required by law or they give written permission. If you are not using Microsoft Forms, then you should ensure the system that you are using is sufficiently secure (e.g., doesn’t collect IP addresses)]

DISCLAIMER

The risk of participating is minimal. If you experience any distress during participation, the researchers and Clarke University are not responsible for any medical or mental health expenses.

REFUSAL TO PROVIDE CONSENT

You are not required to participate in this study. Refusal to participate in this study will not affect your rights to services you currently are receiving or may receive from (insert your Program Name, if applicable), (insert Department Name), or Clarke University.

CANCELLING THIS CONSENT

At any time during the study, you have the right to withdraw your consent to participate. To withdraw from the study, you simply need to stop taking the survey and close your browser. If you withdraw from the study, the researcher will stop collecting additional information and data about you. The researcher may continue using and sharing the information obtained prior to your withdrawal if it is necessary for the soundness of the overall research.

PARTICIPANT CERTIFICATION:

I have read this Informed Consent form. I have been given the opportunity to ask questions regarding the study, and I have received answers to any questions I had regarding the study. I understand that if I have any additional questions about the study or my rights as a research participant, I may contact (insert a contact name) at (insert a phone number here) [Do not use a personal phone number] or email (insert email address here).

By (insert the electronic method by which participants will give their permission), I agree to be a participant in this study. I acknowledge that I am aware of what this study involves, that I am at least 18 years old, and that I can obtain a copy of this Informed Consent.

[This informed consent should be on a separate page before participants see the first question of the survey, so that participants cannot take the survey unless they have consented.]