DISCLOSURE FORM
[Insert Title of Study]

I am conducting a study of [Insert general statement about study and its purpose]. You were selected as a possible participant because [Explain how subject was identified]. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: [Your Name, your student status, department, contact information].

Procedures:

If you agree to be in this study, I would ask you to do the following things: [Explain tasks and procedures: subjects should be told about video or audio taping, assignment to study groups, length of time for participation, frequency of procedures, etc.]

Voluntary Nature of the Study:

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with [cooperating institutions, insert names here]. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

Risks and Benefits of being in the Study

The study has several risks: First, [Risk]; Second, [Risk] (Risk must be explained, including the likelihood of the risk)

The benefits to participation are: [Benefit(s)] (If no benefits, state that fact here.)

Privacy:

The records of this study will be kept private. I will not include any information that will make it possible to identify a subject in any paper or presentation I make based on this research. (Alter as appropriate; also, identify if there is some information that you will not include in the research at all.) Research records will be stored securely and only researchers will have access to the records. (If tape recordings or videotapes are made, explain who will have access, and when they will be erased.)

Contacts and Questions:

You may ask any questions you have now. If you have questions later, you are encouraged to contact me or [Contact info for Program Director and any out of study contact].