HML IRB Sample Informed Consent

Study Title
Your Organization Name

Informed Consent
[*for survey, FGD, etc.*]

Hello, my name is _____, and I work with [*your organization*].

We are conducting a study about [*the purpose of your research*].

We would very much appreciate your participation in this study. Your participation involves a [*survey or interview or FGD, etc*.] about your experiences with [*study purpose*]. You were selected [*how and why selected*].

The [*survey, etc*.] will take you about [*time*] to complete.

Your participation in this study is voluntary. If you don't want to be in the study, it is OK. If you want to be in the study now and change your mind later, that's OK too. If you agree to participate, you can decide not to answer any question, skip any question, and stop at any time. Your decision about whether to participate in this study or to answer any specific questions will in no way affect any services that you receive. If you do choose to participate, please answer the questions honestly and openly, so that we can understand your experience and find out what you really think and have experienced.

We will record your information by [*audio, photo, video, or other*].

The information you provide will be strictly confidential and never connected to you. We will combine the information we learn from you together with information we learn from other people in the study. No one will be able to tell what information came from you. When we tell other people about this research, we will never use your name, and no one will ever know what answers you gave unless required by law (*ex; child abuse*). Only a few researchers will have access to this information, and all information will be stored safely under the care of the lead researcher.

[*For focus groups*] You may use a pseudonym instead of your real name. Please keep our discussion confidential from anyone outside of the group.

We will use the information you provide to [*explain uses and any reuse of data collected*].

Your participation in this study may not benefit you directly, but it may benefit others, as your responses may improve [*study goals*]. There are [*no risks or these risks; describe*] for you in this study

Before you say yes or no to being in this study, we will answer any questions you have. If you join the study, you may ask questions at any time. You may also contact [***name plus phone number or text and email address***] if you have any questions or concerns.

Do you have any questions now?

Do you understand everything I have explained?

Would you like a copy of this consent?

Do you agree to participate in this study?

Signature of Participant: _____

Researchers also please note:

1. Informed consent must be obtained from each subject.
2. If you have more than one type of data collection (e.g., survey & FGD), you will need separate consents for each type.
3. Consent may be signed, agreed to verbally, or confirmed by an online checkbox.
4. Your contact info must be provided for subject to keep.
5. If consent is from a parent or guardian for a child (<18 years), please see *Sample Parental Informed Consent*
6. For child subjects (<18 years), please see *Sample Informed Assent*