# Model Consent Language and Formatting

Use this type of CONSENT FORM for research projects that involve:

* Research participants who are ADULTS (age 18 and older)
* Deception, where the researcher intentionally misrepresented, or did not fully provide participants information on the goals or objectives of the research, or research activities as part of the initial informed consent process. The debriefing consent process is to take place as soon as practical following the deception.
* The debriefing consent should be considered the 2nd part of the consent, as there should be an initial consent prior to research participation, providing as much detail on study objectives as practical.
* Always have two copies of the informed consent for each potential participant. One signed copy is kept by the PI or research team, and the other copy is to be given to the enrolled participant after written consent is given.

Thank you for your participation in our research project, titled [*insert project title*].

In order to get the information we were looking for, we had to withhold some aspects of this study. Now that the research is over, I will describe the ***deception*** to you, answer any questions you may have, and provide you with the opportunity to make a decision on whether you would still like to have your data included in this study.

**TRUE PURPOSE OF THE RESEARCH**

The purpose of this research project is [*insert explanation of study purpose, describe the information about the study purpose or the study procedures that were withheld and explain the reason why the information was withheld, as appropriate.*]

If other potential participants knew the true purpose of the study, it might affect how they answer or interact with our study. Therefore, we ask you not to share the information discussed above.

**VOLUNTARY PARTICIPATION**

Although you have already completed your participation in this study, your involvement is still voluntary. You may choose to withdraw the data you provided prior to this debriefing, without penalty or loss of compensation offered to you. Withdrawing your submission will not negatively affect your relationship with the University of Hawaii, the researchers, or any of our affiliates.

**PRIVACY/ CONFIDENTIALITY**

If you agree to allow us to use your data, we will maintain confidentiality of the information you have provided by [*insert description of procedures that will be followed to maintain confidentiality of data*].

**CONTACT**

The main researcher conducting this research project is [*insert Principal Investigator’s name and role at UH (e.g., faculty, graduate student, etc.)*]. If you have any questions or concerns later regarding this research project, you may contact [*PI’s name*] at [*PI’s email address and/or phone number*].

You may contact the UH Human Studies Program at 808.956.5007 or uhirb@hawaii.edu. to discuss problems, concerns and questions, obtain information, or offer input with an informed individual who is unaffiliated with the specific research protocol. Please visit <https://research.hawaii.edu/orc/human-studies/participant-information/> for more information on your rights as a research participant.

Please sign the appropriate section below to confirm whether or not you give permission to have your data included in this research project or not:

I have been debriefed by the Researcher, and I understand the true intent of and the purpose of my participation in the study, titled “[*insert project title*]”.

**PLEASE SIGN ONLY ONE OF THE SECTIONS BELOW:**

I **CONSENT** to allowing the data collected from me during the study be included for the purpose of the study.

Your Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR**

**I DO NOT GIVE PERMISSION** to allow the data collected from me during the study be included for the purpose of the study. I understand that my data will be removed from the study and destroyed.

Your Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*You will be given a copy of this form for your records*