## Informed Consent

Investigator(s):

Study Title:

I am a (choose student/faculty/staff) at Hope International University.This study is being conducted as a part of (for students: thesis/dissertation/class name).

I am asking you to participate in a research study about (insert non-technical language of the aim of the study). You will be asked to (insert brief explanation of what participants will be asked to do). This will take (insert an estimate of the time it will take to participate).This may cause (insert risks). Although you may not benefit, it will help to understand (insert the greater benefits the research may have on the world).

Please take your time to read the entire document. You may ask the investigator(s) questions before signing this document.

**Purpose:** (put non-technical language describe why you are conducting the study)

**Procedures**: (put specifics about the steps the participant will be asked to do. Explain the time commitment and any follow-ups needed. Use non-technical language)

**Compensation:** (put statement about compensation for participation, if any. If not compensation, state there is no compensation for participation in this study).

**Risks to Participants:** (list all the potential and known risks that could result from Participant in study, and what is being done to minimize these risks)

**Benefits to Participants**: (put any benefits a participant could have. If none, state there are no direct benefits and describe the possible benefits to the world)

Participation in this study is voluntary. You may withdraw from study participation at any time without any penalty.

**Confidentiality:** Participation in this study will require you to provide some information. That information includes (list the information participants will be providing)

(Detail how information will be kept confidential and secure). All research materials will be kept for (insert the professional guidelines for maintaining research materials your profession)

(Put any limits to confidentiality with the information provided by participants)

It is possible that your data may be used for future research or distributed to another researcher without your consent. However, information that could identify you will be removed.

Your research records may be reviewed by federal agencies whose responsibility is to protect human subjects participating in research, including the Office of Human Research Protections (OHRP) and by representatives from the Institutional Review Board at Hope International University.

**Questions/Concerns**: If you have questions related to your participation in this study please contact (insert names of any investigators and supervising faculty members along with HIU email addresses)

If you have questions concerning your rights in this research study you may contact the Institutional Review Board (IRB), which oversees the protection of research participants. You may reach the Institutional Review Board by writing: [IRB@hiu.edu](mailto:IRB@hiu.edu) or 2500 E. Nutwood Ave. Fullerton, CA 92831. You may call the IRB office at 714-879-3901 x 3535

**Consent to Participate in Research**

Participant:

I have read the above information and have received answers to my questions. I understand the research project and the procedures involved have been explained to me. I agree to participate in this study. My participation is voluntary, and I do not have to sign this form if I do not want to be part of this research project. I understand that I may stop my participation this research project at any time. I will receive a copy of this consent form for my records.

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Name of Participant (print)

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Signature of Participant Date

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