

# Informed Consent Form for Behavioral Health Clinical Research

Project Title:

\_\_\_\_\_

Principal Investigator:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Introduction

You are being asked to participate in a behavioral health clinical research study. This form provides information to help you decide whether or not to participate. Please read this form carefully and ask any questions you may have.

## Purpose of the Study

The purpose of this study is to \_\_\_\_\_. You are being asked to take part because \_\_\_\_\_.

## Procedures

If you agree to participate, you will be asked to do the following:

- Complete questionnaires and/or interviews about your mental health and behavior.
- Participate in intervention sessions as described by the research staff.
- Allow the research team to review your health records if necessary (details provided separately).

Expected duration of participation: \_\_\_\_\_.

## Risks and Discomforts

- You may experience discomfort when answering personal questions.
- There is a small risk of loss of confidentiality.
- Other risks: \_\_\_\_\_

## Benefits

- You may not receive any direct benefit from participating.
- Your participation may help us learn more about behavioral health and benefit others in the future.

## Confidentiality

Your information will be kept confidential to the extent permitted by law. Results may be published, but you will not be identified.

## Voluntary Participation

Participation is completely voluntary. You may withdraw at any time without penalty or loss of benefits to which you are otherwise entitled.

## Contact Information

For questions about this research, contact the Principal Investigator at the details provided above.

For questions about your rights as a participant, contact the Institutional Review Board:

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Consent

By signing below, you acknowledge that you have read (or have had read to you) this consent form, understand the information, and agree to participate in this research study.

Participant Name (print): \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Researcher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_