

# Psychological Study Consent Form

## Study Title

[Insert Study Title Here]

## Principal Investigator

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

Contact: \_\_\_\_\_

Institution: \_\_\_\_\_

## Introduction

You are being asked to participate in a psychological research study. Please read this form carefully and ask any questions you may have before agreeing to participate.

## Purpose of the Study

[Briefly describe the purpose of the study.]

## Procedures

If you agree to take part, you will be asked to:

- [Describe the procedures participants will undergo]
- Estimated time: \_\_\_\_\_

## Risks & Discomforts

[Briefly describe any potential risks or discomforts. If none, state so.]

## Benefits

[Describe possible benefits to participants and/or others.]

## Confidentiality

All information collected in this study will be kept strictly confidential. Data will be de-identified and stored securely.

## Voluntary Participation

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

## Contact Information

If you have questions about this study, please contact:

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

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

For questions about your rights as a participant, contact:  
[IRB or Ethics Committee contact info]

## **Consent**

☐ I have read and understood the information above. My questions have been answered. I voluntarily agree to participate in this study.

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

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

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