

# Participant Consent Form

Study Title: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

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

## Introduction

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

## Purpose of the Study

The purpose of this study is to \_\_\_\_\_.

## Participation

Your participation is voluntary. You may choose not to participate or to withdraw at any time without penalty.

## Procedures

If you agree to participate, you will be asked to \_\_\_\_\_.

## Risks and Benefits

There are no known risks involved in this study. Your participation may help advance our understanding of \_\_\_\_\_.

## Confidentiality

Your responses will remain confidential and will only be used for research purposes.

## Consent

By signing below, you acknowledge that you have read the information above, understand the nature of the study, and agree to participate.

\_\_\_\_\_

Participant's Name (Printed)

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Participant's Signature

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Date

## **Contact Information**

If you have any questions regarding this study, please contact \_\_\_\_\_.