

Additional Language for Consent Forms

This document contains language that is specific to certain situations. Include the required language in the applicable sections of the informed consent document.

If participants are GSU Students:

You may choose not to participate or to stop your participation in this research at any time. This will not affect your class standing or grades at GSU. The investigator may also end your participation in the research. If this happens, your class standing or grades will not be affected. You will not be offered or receive any special consideration if you participate in this research.

If participants are GSU employees:

Your participation in this research is in no way a part of your university duties, and your refusal to participate will not in any way affect your employment with the university, or the benefits, privileges, or opportunities associated with your employment at GSU. You will not be offered or receive any special consideration if you participate in this research.

If participants are K-12 students attending public schools: *[This section is required in Parental Permission Forms]*

Parents/Guardians please be aware that under the Protection of Pupil Rights Act, 20 USC Section 1232(c)(1)(A), you have the right to review a copy of the questions asked of or materials that will be used with your child. If you would like to do so, you should contact [Insert Investigator's Name and Contact Information] to obtain a copy of the questions or materials.

If participants are randomized to comparison groups:

The group you will be assigned to will be chosen by chance, like flipping a coin. Neither you nor the study team will choose what intervention you get. You will have an _____ [equal/one in three/etc.] chance of being assigned to any given group. [For double-blinded research add] Neither you nor the study team will know which group or intervention you are in. [For single blinded research add] You will not be told which group or intervention you are getting, however your study team will know.

If investigators ask sensitive questions:

You may experience frustration that is often experienced when completing surveys. Some questions may be of a sensitive nature, and therefore you may become upset as a result. However, these risks are not viewed as being in excess of your experiences in everyday life. Nonetheless, if you become upset by questions, you may stop at any time or choose not to answer a question. If you would like to talk to someone about your feelings regarding this study, you are encouraged to contact [add hotline numbers, counseling centers, agencies, etc.].

If a participant is a Governors State University student add the contacts of the Governors State University's Counseling Center and crisis hotlines: 708-235-7334, 24-hour crisis lines: 708.429.7255 or 815.744.5280, or another service if appropriate.

If investigators use a lottery, raffle, or sweepstakes as a form of incentive payment:

You will be entered in a lottery for a gift valued at [amount]. The chance of winning is approximately 1 in 20. The winner will be notified immediately by email and provided with information on where to pick up the gift. [OR] if you win, the card will be emailed to you. Your contact information will be destroyed after the gift has been delivered to you.

Focus Groups or Group Discussions:

Although we ask everyone in the group to respect everyone's privacy and confidentiality, and not to identify anyone in the group or repeat what is said during the group discussion, please remember that other members of the group may accidentally disclose what was said.

Online Survey Research:

Online privacy can never be fully guaranteed and that privacy and confidentiality will be protected to the extent that it is technologically possible.

Please remember that while [Insert name of survey provider, (e.g., Survey Monkey, Zoomerang, SurveyGizmo, etc.)] may not share the specific data collected during this research, it does collect information regarding your online activities, as per the usage agreement you accepted to use [Insert name of survey provider, (e.g., Survey Monkey, Zoomerang, SurveyGizmo, etc.)], and will share this information with others, including advertisers.

Abuse/Neglect of Child, Disabled or Elderly Adult:

Please remember that there is an exception to protecting subject privacy and confidentiality if child, elder, and/or disabled adult abuse or neglect of an identifiable individual, or the threat of imminent self-harm or harm to others is disclosed. If such information is disclosed, the researchers may be obligated to inform the appropriate authorities.

Certificate of Confidentiality (CoC): *[If this study is funded by NIH or the study has obtained or intends to obtain a CoC, delete any template language referring to releasing data or subject information "required by law" and include the following three paragraphs:]*

To help us protect you and the information, documents, [and biospecimens (*delete if not applicable*)] we will be collecting from you, this research has been given a Certificate of Confidentiality by the National Institutes of Health (NIH). This Certificate means that researchers cannot be forced, even by courts or the police, to disclose information, documents, [and biospecimens (*delete if not applicable*)] that may identify you. However, your information [and biospecimens (*delete if not applicable*)] may be given to personnel of the United States Government to audit or evaluate projects that are federally funded or to meet the requirements of the Food and Drug Administration (FDA).

The Certificate does not stop you or a family member from disclosing, or agreeing in writing to allow researchers to disclose, information, documents, [and biospecimens (*delete if not applicable*)] about you, including your participation in this research. For example, if you would like an employer or insurer to know something about you that is documented in this research,

you can write and sign a statement telling the researchers it is okay to give your employer or insurance company information.

Even if the research has a Certificate, the research or any member of the study staff must report (even if it is without your consent) evidence of harm to self or others, including actual or suspected abuse, neglect, or exploitation of a child, or disabled or elderly adult. In addition, if the research shows that you have a reportable communicable disease (for example, tuberculosis [TB] or HIV/AIDS), the researchers may report this to the appropriate authorities.

National Institute of Justice (NIJ)/Department of Justice (DOJ): *[If this research is funded by the NIJ/DOJ and the NIJ privacy certificate has been submitted and approved, include the following four paragraphs:]*

To help us protect you and the information we will be collecting from you, the researcher submitted a privacy certificate that was approved by the National Institute of Justice and, therefore, is covered by the Department of Justice statute. This privacy certificate makes the identifiable data collected for this study immune from any legal action. The researchers will use the Certificate to resist any demands of information that would identify you, except as explained below.

Your private, identifiable information will be kept confidential and will only be used for research and statistical purposes. Only de-identified data will be submitted to the National Archive of Criminal Justice Data.

If the researchers become aware that you may cause serious harm to yourself or others, the researchers may report this to the appropriate authorities without your consent.

If the research shows that you have a reportable communicable disease (for example, tuberculosis [TB] or HIV/AIDS), the researchers may report this to state and/or federal public health authorities without your consent.

[Under the National Institute of Justice privacy certificate, current or past domestic, child or elder abuse is not reportable, unless a separate consent to allow this reporting is obtained from the subject.]

Vulnerable Populations

Bureau of Prisons:

Confidentiality cannot be guaranteed if you indicate that you intend to commit future criminal conduct, you intend to harm yourself or someone else, or, if you are an inmate and you indicate that you intend to leave the facility without authorization.

Participation is completely voluntary and you may withdraw your consent and end your participation at any time without penalty or prejudice. If you are an inmate, you will be returned to your regular assignment or activity by staff as soon as practicable.

If research involves Prisoners:

[Include this in the “Benefits” section] Please note that your participation in this research will have no impact on your release date, parole eligibility, and/or eligibility for special programs.

[Include this in the Privacy and Confidentiality *section*] Confidentiality cannot be guaranteed if you indicate that you intend to commit future criminal conduct, you intend to harm yourself or someone else, or if you are an inmate and intend to leave the facility without authorization.

[Include the following language to the “What Else Do I Need to Know” section] If you are an inmate, and your participation in the research involves assignment to a special project or activity, you may be returned to your regular assignment and activities by facility staff as soon as staff consider it reasonable and manageable.

[Include the following to the “Signature” section]

I understand that my participation (or refusal to participate) in this research project will have no effect whatsoever on any criminal charges pending against me or any sentence, including imprisonment, parole, probation, or placement in any other correction or treatment program, and will have no effect on my release from custody or the likelihood of future incarceration.