

CONSENT FORM TO PARTICIPATE IN RESEARCH

This form states that I agree to participate in a **research project** being conducted by **(name of researcher/s)**. This research is being conducted for **(state class affiliation/ sponsoring agency)**.

PROJECT TITLE: _____

- I. INFORMED CONSENT.** As the investigator of this project and a University of Guam respecting the privacy and protection of all research participants is ensured, this form presents general but obligatory information about your participation in this project.
- II. OBJECTIVE.** **State objective of study.**
- III. PROCEDURE(S).** **State procedures.**
- IV. RISKS, SAFEGUARDS, AND CONFIDENTIALITY.** The information obtained about you will be kept in confidence. Any significant new findings will be provided to you during the course of the study. Your responses will be recorded using a feature on **(place of survey tool; ex. Google Forms, Survey Monkey, Qualtrics)** that stores all inputted text and information. This information will only be accessed by the private investigator which will then be coded and analyzed. Any follow up questions will be done in person or via email. Participants identities will be kept anonymous, and all data will be secured in password protected files. Surveys will not be linked by IP addresses. **Files will be permanently erased after 6 months or as soon as research project is completed.** No component of this study is expected to cause any emotional or physical harm to participants. Should a physical injury occur, appropriate actions will be taken to aid the situation, but no financial compensation will be given.
- V. VOLUNTARY NATURE OF STUDY.** Participation in this research project is entirely voluntary. You are free to withdraw from this project at any time without penalty or loss of benefits to which you would otherwise be entitled.
- VI. OTHER SERVICES.** Guam Behavioral Health and Wellness Center (GBHWC) provides free counseling to individuals of all ages. Available services include individual psychotherapy for adults, adolescents, and children, Family and couples therapy, Group therapy, Clinical assessment, and Crisis intervention. **Hours of operation:** Monday to Friday, 8 a.m. to 5 p.m. In the event of a mental health crisis or emergency, the center is available 24 hours a day. For additional assistance, participants can also contact the Crisis Hotline: 988. **Phone:** (671) 647-5440 **Email:** care@gbhwc.guam.gov **Location:** 790 Gov. Carlos G. Camacho Road, Tamuning, GU 96913
- VII. QUESTIONS AND CONTACT INFORMATION.** If you have any questions or would like additional information about this research, I can be contacted at **principal investigator's email.**

By agreeing to participate, you are giving your consent for me to utilize the data collected in academic research. Thank you for your time and contribution to my study.

Signature of Informed Consent

I have carefully read the above and understand this agreement. I freely consent and voluntarily agree to participate in this study.

Print Name: _____ Date: _____

Signature: _____