Consent Form for Participation in the Research Study Entitled
The Opinions of Patients on their Treatment

Funding Source: None.

IRB protocol #

Principal investigator
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For questions/concerns about your research rights, contact:
Human Research Oversight Board (Institutional Review Board or IRB)
Nova Southeastern University
(954) 262-5369/Toll Free: 866-499-0790
IRB@nsu.nova.edu

Site Information
Nova Southeastern University
Center for Psychological Studies
3301 College Avenue
Fort Lauderdale, FL 33314

What is the study about?
You are invited to participate in a research study. The goal of this study is to understand the opinions of people who are being seen by a psychologist.

Why are you asking me?
We are inviting you to participate because you are currently being seen by a psychologist. There will be between 15 and 20 participants in this research study.

What will I be doing if I agree to be in the study?
You will answer a 15 question survey. You will also be interviewed by the researcher, Ms. Doe. Ms. Doe will ask you questions about your satisfaction with treatment. You will not be asked questions related to the reason you are getting treatment. The survey should take you no more than 15 minutes to complete. The interview will last no more than 30 minutes. If during the interview the researcher learners that you have a medical condition that makes you ineligible for the study, Ms. Doe will end the interview.

Is there any audio or video recording?
This research project will include audio recording of the interview. This audio recording will be available to be heard by the researcher, Ms June Doe, personnel from the IRB, and the dissertation chair, Dr Gutierrez. The recording will be transcribed by Ms. June Doe. Ms Doe will use earphones while transcribing the interviews to guard your privacy. The recording will be kept securely in Ms. Doe's office in a locked cabinet. The recording will be kept for 36 months from the end of the study. The recording will be destroyed after that time by shredding the tape. Because your voice will be potentially identifiable by anyone who hears the recording, your confidentiality for things you say on the recording cannot be guaranteed although the researcher will try to limit access to the tape as described in this paragraph.

What are the dangers to me?
Risks to you are minimal, meaning they are not thought to be greater than other risks you experience everyday. Being recorded means that confidentiality cannot be promised. Sharing your opinions about treatment may make you anxious or bring back unhappy memories. If this happens Ms. Doe will try to help you. If you need further help, she will suggest someone you can see but you will have to pay for that yourself. If you have questions about the research, your research rights, or if you experience an injury because of the research please contact Ms. Doe at (954) XXX-XXXX. You may also contact the IRB at the numbers indicated above with questions about your research rights.

Are there any benefits to me for taking part in this research study?
There are no benefits to you for participating.

Will I get paid for being in the study? Will it cost me anything?
There are no costs to you or payments made for participating in this study.

How will you keep my information private?
The questionnaire will not ask you for any information that could be linked to you. The transcripts of the tapes will not have any information that could be linked to you. As mentioned, the tapes will be destroyed 36 months after the study ends. All information obtained in this study is strictly confidential unless disclosure is required by law. The IRB, regulatory agencies, or Dr. Gutierrez may review research records.

What if I do not want to participate or I want to leave the study?
You have the right to leave this study at any time or refuse to participate. If you do decide to leave or you decide not to participate, you will not experience any penalty or loss of services you have a right to receive. If you choose to withdraw, any information collected about you **before** the date you leave the study will be kept in the research records for 36 months from the conclusion of the study and may be used as a part of the research.

Other Considerations:
If the researchers learn anything which might change your mind about being involved, you will be told of this information.

Voluntary Consent by Participant:
By signing below, you indicate that

- this study has been explained to you
- you have read this document or it has been read to you
- your questions about this research study have been answered
- you have been told that you may ask the researchers any study related questions in the future or contact them in the event of a research-related injury
- you have been told that you may ask Institutional Review Board (IRB) personnel questions about your study rights
- you are entitled to a copy of this form after you have read and signed it
- you voluntarily agree to participate in the study entitled *The Opinions of Patients on their Treatment*

Participant's Signature: _____ Date: _____

Participant's Name: _____ Date: _____

Signature of Person Obtaining Consent: _____

Date: _____