



## DEBRIEFING FORM (DECEPTION STUDIES)

*Note: PLEASE USE SECOND PERSON, SINGLE-SIDED, SINGLE-SPACED. DELETE INSTRUCTIONS IN BOLD PRIOR TO SUBMITTING THIS DOCUMENT)*

**This consent form template is used to provide information about the study once the study is completed (or a participant withdraws). This is a sample of how you can approach this form and some general topics to cover. Please tailor this form so that it accurately describes your study. Delete all red text from the form.**

**(INSERT TITLE OF THE STUDY)**

Thank you for agreeing to participate in this study! The general purpose of this research is to explain the basic constructs of the study. (Make sure that you write the information so that the participant can understand it.)

During the experiment, you were asked ...Describe the task. You were told that the purpose of the study was to ...Describe the deception. This is not true, ...Explain the actual purpose of the study and describe how the deception worked.

Because you were deceived, you now have the right to refuse to allow your ...Specify what materials will be used to be used and to ask that they be destroyed immediately. If you do so, there is no penalty. You will still receive full credit ...or payment, if applicable for the experiment.

\_\_\_ I give permission for my materials to be used in the analysis for this experiment.

\_\_\_ I do NOT give my permission for my materials to be used in the analysis for this experiment. Please withdraw them from the study and destroy them immediately.

If you feel especially concerned about describe potential concerns that may occur, please feel free to phone provide researcher/ lab contact info about options for counseling. Alternatively,

you could also phone the **University's Counseling and Psychological (provide alternative contacts if participants may need additional help).**

Thank you for your participation in this study. If you have further questions about the study, please contact **researcher contact information**. In addition, if you have any concerns about any aspect of the study, you may contact

I understand that the investigator is willing to answer any inquiries I may have concerning the research herein described. I understand that I may contact **(insert name and contact information include email address for faculty supervisor or other collaborator)** if I have any other questions or concerns about this research and/or your rights as a research participant or research in general please contact Dr. Judy Ho, Chairperson of the Graduate & Professional School

Institutional Review Board at Pepperdine University 6100 Center Drive Suite 500 Los Angeles, CA 90045, 310-568-5753 or [gpsirb@pepperdine.edu](mailto:gpsirb@pepperdine.edu).

#### **Additional Reading:**

**Provide two references (text, article, on-line reference, etc.) that can be easily accessed by the targeted population in this study. If you have academic and non-academic participants, you should create either two debriefing forms or provide references that are easily accessible to the non-academic population.**