

Sample Informed Consent to Participate in Research

Introduction- I understand that I am being invited to participate in a research study. My participation is voluntary and I have the option to withdraw at any time without penalty. **[Psychology 401 Experimental Design]** is sponsoring this study at Point Loma Nazarene University. The purpose of this research is to understand better aspects of parental attachment and emotional autonomy.

Procedures- I understand that the proposed length of my participation in this study consists of one session. The entire session will last approximately [45] minutes. During this time I will respond to two questionnaires, pertaining to parental attachment and emotional autonomy.

Risks- Although no significant risks are currently known in relation to this study, I understand that there may be a potential for minimum risk. **Describe what the risk is, and how you are seeking to minimize it.**

Benefits- (e.g., **Can discuss greater self-knowledge as a benefit.**)

Confidentiality- I understand that my records will be held confidential to the extent permitted by law and that I will never be identified in any publication. Further, I understand that a random participation number rather than my name will be used with the data. I understand that my participation is voluntary and that I may refuse or withdraw from the study at any time. Only signatures are required for proof of consent and they will be kept separate from the other materials.

Debriefing- I understand that I have the right to have all questions about the study answered in sufficient detail for me to clearly understand the level of my participation as well as the significance of the research. I understand that at the completion of this study, I will have an opportunity to ask and have answered all questions pertaining to my involvement in this study.

Receipt of informed consent- I acknowledge having received two copies of the consent form, one to be returned to the researchers and one for me to keep for my reference. I may call the investigators involved in the study, or supervising professor, Dr. XXXX, in order to discuss confidentially any questions about participation in the study. Also, should I have any concerns about the nature of this study, I can also contact the Chair of PLNU's IRB, Dr. Ross Oakes Mueller (619-849-2905 or RossOakesMueller@pointloma.edu).

Name: _____ Class: Fr So Jr Sr
Age: _____ Gender: Male / Female

Signature: _____ Date: _____
(I am 18 years old or older.)

Investigators:

Name	Phone Number	Name	Phone Number
Name	Phone Number	Name	Phone Number
Dr. XXX, supervising professor (619) 849-XXX			