Informed Consent Document

Title of this research study
[Insert title of the project]

Name of the researcher(s)
[Insert names of individuals conducting research]

Description of this research study *[Insert description of project]*

Description of your involvement in this research study
You will participate in a [*60-minute focus group*] of a small number of participants who will meet and answer questions asked by a researcher.

Potential risks and discomforts of your involvement in this research study
You will not be at physical risk and should not experience discomfort resulting from the focus group session. However, loss of privacy is a potential risk because the researcher cannot guarantee that the group participants will not reveal each other's contributions to the group discussion once it has ended.

Measures to be taken to minimize your potential risks and discomforts
Because all participants will hear the information you provide, extra measures will be taken to protect your privacy. The researcher will begin the focus group by asking participants to agree verbally to the importance of keeping the information discussed in the focus group confidential. At the end of the session, the researcher will remind participants of their verbal agreement not to discuss the material once the session concludes.

Expected benefits to you or others from your involvement in this research study
Although you may not receive direct benefits from your participation, others may ultimately benefit from the information obtained through this study.

Cost /payment for your involvement in this research study
There is no cost to participate, nor is there payment provided for your participation in this research study.

Confidentiality of records and data
You will not be identified in any reports on this study. Records will be kept confidential to the extent provided by federal, state, and local law.

Voluntary nature of your involvement in this research study
Your participation in this project is voluntary. Even after you sign the informed consent document, you may decide to leave the study at any time without penalty.

Documentation of the consent of your involvement in this research study
If you choose to sign, scan, and resubmit this document, the researcher will keep a copy. If you opt to indicate your informed consent electronically, the record of your informed consent will be maintained and secured by *[Insert name of unit conducting research]*. Your informed consent form and the focus group transcript will be kept separate.

Consent for your involvement in this research study

I have read (or been informed) of the information provided. *[Insert names of individuals conducting research]* has offered to answer any questions I may have concerning the focus group session. I affirm I am over the age of 18 and hereby consent to participate in the focus group session.

Printed name	Consenting signature	Date

Audio recording of focus group

The focus group session will be audio recorded. Any references to your identity that would compromise your anonymity will be removed or disguised prior to preparing the research report. Furthermore, only staff of the *[Insert name of unit conducting research]* will have access to the recording for transcribing and data analysis purposes. I

Consent to be audio recorded for this research study

I have read (or been informed) of the information provided. *[Insert names of individuals conducting research]* has offered to answer any questions I may have concerning audio recording. I affirm I am over the age of 18 and hereby consent to be audio recorded for this focus group session.

Printed name	Consenting signature	Date