

Table 2
Sample
Informed Consent

- A. You are invited to be part of a research study designed to help us learn more about family relations and how these are related to psychological health and psychosocial functioning. If you agree to participate, you will be asked to take part in an interview where you will be asked questions about your family history, your current relationships, your living situation, your employment and financial status, your daily activities, your safety, and your health. In addition, you will be asked to fill out questionnaires with items pertaining to your physical and psychological health. The interview and questionnaires will take approximately 2 hours to complete.
- B. The risks to you are minimal. The only possible risk is that some of the questions asked may cause you some temporary anxiety. You may refuse to answer any questions that make you feel uncomfortable. You are encouraged to discuss any discomfort you may feel with your counselor.
- C. Possible benefits of your participation include an increased awareness of your past and present family functioning. It is expected that the results of this

research study will help this agency gain an understanding of how family relationships relate to the psychological health and psychosocial functioning of our consumers. In turn, this understanding will help us tailor our programs and interventions to meet consumers' needs with regard to family contact and intervention.

- D. Your answers to the interview questions and the questionnaires will be confidential. Any records kept for purposes of this study will be de-identified so that your answers cannot be personally connected to you.
- E. Results of this study will be used to improve services, train staff, and prepare professional and public presentations and publications.
- F. If you have any concerns or questions about the project, you may contact:

Project Director:	Jane Doe, LPC	work number
Staff Director:	Betty Smith, MSSW	work number
- G. Your participation in this project is entirely voluntary. Should you decide not to participate, you will experience no penalties nor will you be denied any services. In addition, you may withdraw your participation and consent at any time without penalty or denial of services.

By signing your name, you agree to participate in the research study with the understanding that you may withdraw your participation at any time. You will be given a copy of this consent form.

Participant

Date

Project Director

Date