

# WESTERN OREGON UNIVERSITY

## INFORMED CONSENT DOCUMENT

**Project Title:** [Insert Project Title here]

**Principal Investigator:** Daniel Lopez-Cevallos, PhD, MPH

**Student researchers:** [Insert your group members' names here]

### PURPOSE

This is a research study. The purpose of this research study is to [insert the purpose of your assessment here]. This is part of Western Oregon University Health Education 471 Program Planning class in partnership with [insert the name of your community partner here]. The purpose of this consent form is to give you the information you will need to help you decide whether to be in the study or not. Please read the form carefully. You may ask any questions about the research, what you will be asked to do, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. When all of your questions have been answered, you can decide if you want to be in this study or not. This process is called “informed consent”. You will be given a copy of this form for your records. We are inviting you to participate in this research study because you are participating in [insert name of the program here].

### PROCEDURES

If you agree to participate, your involvement will last for approximately [insert the expected amount of time you will need to conduct the assessment]. The following procedures are involved in this study: 1) The Western Oregon University representative will explain the purpose of the [insert type of assessment procedure e.g. focus group]. 2) After listening to an explanation of the [insert type of assessment procedure], the Western Oregon University representative will then provide start the assessment. You may answer as many or as few questions as you wish. 3) Upon completion of the [insert type of assessment procedure], the Western Oregon University representative will be available to help clarify any questions you have. 4) Responses will be reviewed and analyzed. No names will be written; 5) Research staff will present findings in a report delivered to [insert the name of your community partner here].

### RISKS

There is small likelihood that by participating in this study you may feel uncomfortable or stressed. If it appears that you are experiencing discomfort, you may stop participating and/or 2) talk with your Western Oregon University representative about your reactions and, if needed, they will provide information and referrals to local social service agencies that could assist you.

### BENEFITS

There may be no personal benefit for participating in this study. However, the researchers anticipate that, in the future, society may benefit from this assessment by gaining knowledge about the health practices and factors that affect you and your community so that appropriate health programs can be developed.

### COSTS AND COMPENSATION

You will not have any costs or compensation for participating in this research study.

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## **CONFIDENTIALITY**

Records of participation in this study will be kept confidential to the extent permitted by law. However, federal government regulatory agencies and the Western Oregon University Institutional Review Board (a committee that reviews and approves research studies involving human subjects) may inspect and copy records pertaining to this study. A numeric code will be used to identify individual surveys. In the event of any report or publication from this study, your identity will not be disclosed. Results will be reported in a summarized manner in such a way that you cannot be identified.

## **VOLUNTARY PARTICIPATION**

Taking part in this research study is voluntary. You may choose not to take part at all. If you agree to participate in this study, you may stop participating at any time. If at any time during the assessment you do not feel comfortable, you are free to skip any question that you prefer not to answer. If you decide not to take part, or if you stop participating at any time, your decision will not result in any penalty or loss of benefits to which you may otherwise be entitled. The data collection method for this study is done individually, and we will use your answers up until your request to withdraw from the study.

## **QUESTIONS**

Questions are encouraged. If you have any questions about this research project, please contact: Dr. Daniel Lopez-Cevallos at (503) 838-8021 or [lopezced@wou.edu](mailto:lopezced@wou.edu). If you have questions about your rights as a participant, please contact the Western Oregon University Institutional Review Board (IRB) at (503) 838-8271, or by e-mail at [irb@wou.edu](mailto:irb@wou.edu). Your signature indicates that this research study has been explained to you, that your questions have been answered, and that you agree to take part in this study. You will receive a copy of this form.

Participant's Name (printed): Participant's Name (printed):

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Signature of Participant

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Date

## **RESEARCHER STATEMENT**

I have discussed the above points with the participant or, where appropriate, with the participant's legally authorized representative, using a translator when necessary. It is my opinion that the participant understands the risks, benefits, and procedures involved with participation in this study.

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Signature of Student Researcher

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Date