

# Participant Authorization to Involve in Research

Project Title: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

You are invited to participate in a research study. Participation is voluntary and you may refuse or withdraw at any time without penalty.

## Purpose of the Study

\_\_\_\_\_

## Procedures

\_\_\_\_\_

## Risks and Benefits

\_\_\_\_\_

## Confidentiality

Your identity and responses will be kept confidential to the extent permitted by law.

## Contact Information

For questions about this research, contact: \_\_\_\_\_

Participant Name:

Date:

☐ I voluntarily agree to participate in this study.

Signature: