

# Participant Consent Form for Research Involvement

**Project Title:**

**Principal Investigator:**

**Contact Information:**

## Purpose of the Study

This study is being conducted to

## Procedures

If you agree to participate, you will be asked to

## Risks and Benefits

Any potential risks include . Similar benefits include .

## Confidentiality

Your responses will be kept confidential and information will not be shared without your consent.

## Voluntary Participation

Your participation in this study is completely voluntary. You may withdraw at any time without penalty.

## Consent

I have read and understood the information provided above. All my questions have been answered to my satisfaction. I consent to participate in the research study.

**Participant's Name:**

**Signature:**

**Date:**