Information about the [Debriefing process](https://www.uvm.edu/rpo/irb-policies-and-procedures#9p7p1)

**University of Vermont**

**Debriefing Form for Participation in a Research Study**

**Title of Study:**

**Principal Investigator:**

**Purpose of the Study**

Thank you for your participation in this study. Earlier in our consent form we told you that the purpose of the study was [insert brief sentence about original stated purpose]. In fact, our study is about [insert statements describing 1) what the true purpose of the study is, 2) the actual deceptive activities (this includes any fake articles or research stimuli that were utilized) and 3) the results/findings you were/are looking for].

Unfortunately, to properly test our hypothesis, we could not provide you with all of these details prior to your participation. We needed to be sure your reactions in this study were spontaneous and not influenced by your knowledge about the purpose of the study. [Insert statement reiterating any fabricated research activities or stimuli to ensure participants do not leave study believing false materials.] If we had told you the actual purposes of our study, your ability to [insert study activity] could have been affected. We regret the deception, but we hope you understand the reason for it.

**Confidentiality**

Please note that although your understanding of the purpose of this study has changed from when you provided your consent, everything else on the consent form is correct. This includes the ways in which we will keep your data confidential. [Insert sentence reiterating how data is secured and maintained].

Now that you know the true purpose of our study and are fully informed, you may decide that you do not want your data used in this research. If you would like your data removed from the study and permanently deleted, please [insert instructions on how participant can have study data deleted].

**Useful Contact Information**

If you have any questions or concerns regarding this study, its purpose or procedures, or if you have a research-related problem, please feel free to contact the researcher(s), [insert name(s) and phone number(s)]. If you have any questions about your rights as a participant in a research project or for more information on how to proceed should you believe that you have been injured as a result of your participation in this study, you should contact the Director of the Research Protections Office at the University of Vermont at 802-656-5040.

If you feel upset after having completed the study or find that some questions or aspects of the study triggered distress, talking with a qualified clinician may help. If you feel you would like assistance, please contact the UVM Counseling Center at 656-3340 (if you are a student) or, if you are community member, refer to one of the contacts provided to you by the research assistant. In case of an emergency, please call 911.

This next section is applicable dependent upon the level of deception. The IRB will determine whether this section would be required.

**Statement of Consent**

Your participation is voluntary, and you may refuse to participate or withdraw at any time without penalty or prejudice.

If Applicable: Whether you agree or do not agree to have your data used for this study, you will still receive [insert compensation for study] for your participation.

If Applicable: Please do not disclose research procedures and/or hypotheses to anyone who might participate in this study in the future as this could affect the results of the study.

You agree to the use of your data, and you understand that you will receive a signed copy of this form.

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Signature of Participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Participant Printed

Please keep a copy of this form for your future reference. Once again, thank you for your participation in this study.