This short form is to be translated into the non-English speaking individual’s language. Version 01/01/16

**Consent to Participate in Research**

**Title:**

**Principal Investigator:**

**Sponsor:**

**Translator:** *write in at time of consent*

You are being asked to participate in a research study.

Before you agree, the investigator must tell you about (i) the purposes, procedures, and duration of the research; (ii) any procedures which are experimental; (iii) any reasonably foreseeable risks, discomforts, and benefits of the research; (iv) any potentially beneficial alternative procedures or treatments; and (v) how confidentiality will be maintained.

Where applicable, the investigator must also tell you about (i) any available compensation or medical treatment if injury occurs; (ii) the possibility of unforeseeable risks; (iii) circumstances when the investigator may halt your participation; (iv) any added costs to you; (v) what happens if you decide to stop participating; (vi) when you will be told about new findings which may affect your willingness to participate; and (vii) how many people will be in the study.

*Insert following paragraph when HIPAA is applicable.*

*Because information about you and your health is personal and private, it generally cannot be used in a research study without your written authorization. The investigator must tell you (i) what health information will be used or disclosed; (ii) who may use or disclose your information; (iii) to whom your information may be disclosed; (iv) how long we may use or disclose your information; (v) whether you may access your information; (vi) what happens if you do not want to provide authorization to your information; (vii) if you are able to revoke your authorization if you change your mind; (viii) what happens once your information has been disclosed; (ix) how your information will be protected if results are ever presented in publications; and (x) who to contact with any questions or concerns regarding your privacy rights.*

If you agree to participate, you must be given a signed copy of this document and a written summary of the research.

You may contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ any time you have questions about the research. You may contact the Director of the Research Protections Office at 802-656-5040 if you have questions about your rights as a research subject or what to do if you are injured.

Your participation in this research is voluntary, and you will not be penalized or lose benefits if you refuse to participate or decide to stop.

Signing this document means that the research study, including the above information, has been described to you orally, and that you voluntarily agree to participate.

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

Signature of Non-English Participant Date

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

Printed Name of Non-English Participant

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

Signature of Witness Date

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

Printed Name of Witness