

Appendix H

MODEL FORM
LETTER OF CONSENT FOR ADULTS

(Typically used for studies that would not exceed minimal risk or would qualify for exempted status except for the fact that there is audio-taping or video-taping of interviews, or because of the population involved (see HS Manual, IV.B.3. for discussion of such populations))

Dear _____:

I am a professor [a student under the direction of Professor _____] in the Department/Division/College of _____ Santa Clara University. I am conducting a research study to _____.

I am requesting your participation, which will involve _____.

Your participation in this study is voluntary. If you choose not to participate or to withdraw from the study at any time, there will be no penalty. It will not affect your grade, treatment/care, **whichever applies**. The results of the research study may be published, but your name will not be used.

Although there may be no direct benefit to you, the possible benefit of your participation is _____.

If you have any questions concerning the research study, please call me at () ____ - ____ or Dr. ____ at () ____ - ____.

Sincerely,

By signing below you are giving consent to participate in the above study. (Release statement for videotaping or relinquishing confidentiality must be inserted here if applicable.)

Signature

Printed Name

Date

If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Committee, through Linda Campbell at (408) 554-4806.