**Instructions**: You are encouraged to use any text in black ink verbatim in your debriefing form. Text in blue ink offers instruction and should be removed prior to submission to the IRB.

**Western Carolina University**

**Debriefing and Permission to Use Data Form**

Thank you for taking part in this research on [insert title or topic]. Now that your participation is complete, [I/we] will explain:

* what you were not told at the beginning when you agreed to participate,
* why it was important not to tell you; and
* how you have the opportunity to decide whether you agree to have your data/information included in this study.

[I/we] will also answer any questions you may have.

**What you should know about this study**

*(1) Provide a detailed description of the deception or omitted information. (2) Explain why the deception/omission of information was necessary.* I did not tell you the true purpose of the study/type of data I would collect because [insert reason for deception].  *(3) Fully disclose all aspects of the study and participation.*

**If You Have Any Questions or Concerns**

Please keep a copy of this debriefing form for future reference. If you have any questions or concerns about this study and the research procedures used, you may contact me ([insert PI’s name]) at [insert PI’s email]. You may also contact the Western Carolina University Institutional Review Board through the Office of Research Administration by calling 828-227-7212 or emailing irb@wcu.edu. All reports or correspondence will be kept confidential to the extent possible.

**Right to withdraw data**

You may choose to withdraw the data/information you provided for the study now that you know the full purpose of the research. You can do so without penalty or loss of any benefits to which you are otherwise entitled. *[If applicable]* You will still receive *[insert incentive/payment amount]* for your participation, even if you decide to withdraw your data/information.

Please document your decision about giving the investigator permission to use your data/information as part of the research:

 I give permission for the data/information collected from or about me to be included in the research study.

 I DO NOT give permission for the data/information collected from or about me to be included in the research study.

Your signature below indicates you have been debriefed and have had all of your questions answered.

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Printed name of Participant Participant’s Signature Date

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Printed name of authorized study personnel Study personnel Signature Date