

Psychological Study Consent Form

Study Title:

Principal Investigator:

Contact Information:

Purpose of the Study

Procedures

Possible Risks and Discomforts

Benefits

Confidentiality

Voluntary Participation and Withdrawal

Contact for Questions

Consent

- I have read and understood the information provided above.
- I have had the opportunity to ask questions and receive answers.
- I voluntarily agree to participate in this study.

Participant Name

Date

Participant Signature

Researcher Signature