

Informed Consent Form for Audio/Video Recorded Interviews

Project Title:

Principal Investigator:

Institution/Organization:

Purpose of the Interview

Procedures

Confidentiality

Use of Recordings

Voluntary Participation

Participant Rights

- You may withdraw from the interview at any time.
- You may request the recording to be stopped at any time.
- You may refuse to answer any questions.

I have read and understood the information provided above. I consent to participate in this interview and allow the conversation to be audio/video recorded.

Participant Name

Participant Signature

Date

Investigator Name

Investigator Signature

Date

