**Template Consent Form**

**General Description and Purpose of Data Collection:**

[In this section, state the name of the organization, group, or entity that is looking to collect the data. Then, state the exact purpose of the project and what data is being collected, used, and/or transferred. Describe what data is being collected and why. What is the purpose? What is the group hoping to accomplish by collecting this information? The purpose must be specific, and it must be stated clearly, in language that the individual signing the consent form can understand.]

**Key Information for You to Consider:**

**Voluntary Consent.** Participation in [insert program name] is completely voluntary. You have the right to discontinue participation at any time without giving any reason, and without penalty. If you discontinue participation, you may request that your information be deleted. **Your voluntary consent authorizes [insert group name] to utilize your personal information for [insert specific purpose].**

**Risks or Discomforts.** Include any risks of collecting, using, or sharing the individual’s personal information.

**Costs.** State what costs, if any, for participation.

**Compensation.** You will not be compensated for participation.

**Confidentiality.** Who will the information be disclosed to? Why? What will they be doing with the information?

**Storing Information.** Where will the information be stored? For how long?

**Sharing Information.** [Who will information be shared with?] Any information shared with these individuals will be maintained under confidentiality and security protections.

**Procedures:**

[Include any necessary procedures for collection of information or instructions as necessary.]

**Contact Information:**

For any questions or concerns, or to revoke your consent, please contact [insert contact information].

**Consent:**

I acknowledge and agree that I have read, understood, and agreed to the statements contained within this form. I have been informed about the purpose of the Program, procedures to be performed, potential risks and benefits, and associated costs. I have been provided an opportunity to ask questions before proceeding, and I understand that if I do not wish to continue with the collection, use, or sharing of my personal information, I may revoke my consent at any time.

I have read the contents of this form in its entirety and voluntarily consent to [participate in the Program; or disclose my personal information].

[\*Signatures can be handwritten or authenticated digitally through DocuSign, PDF, or some other similar service.]

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| Participant Name (printed)    |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |   |   |
| Participant Signature  | Date  |  |