

CONSENT FORM TO PARTICIPATE IN RESEARCH

This form states that I agree to participate in a research project being conducted (name of researcher/s). This research is being conducted for (state class affiliation/ sponsoring agency

PROJECT TITLE: _____

- I. INFORMED CONSENT.** As the investigator of this project and a University of Guam respecting the privacy and protection of all research participants is ensured, this form presents general but obligatory information about your participation in this project.
- II. OBJECTIVE.** State objective of study.
- III. PROCEDURE(S).** State procedures.
- IV. RISKS, SAFEGUARDS, AND CONFIDENTIALITY:** Other than demographics, your name and personal information will not be asked and will not be part of the research. All information collected will remain confidential and will not be associated with your name in our reports. The data collected will be stored in a locked file cabinet. No person will have access to data other than the researcher. Data will be destroyed after one year. No component of this study is expected to cause any emotional or physical harm to participants. Should a physical injury occur, appropriate actions will be taken to aid the situation, but no financial compensation will be given.
- V. OTHER SERVICES.** Guam Behavioral Health and Wellness Center (GBHWC) provides free counseling to individuals of all ages. Available services include individual psychotherapy for adults, adolescents, and children, Family and couples therapy, Group therapy, Clinical assessment, and Crisis intervention. Hours of operation: Monday to Friday, 8 a.m. to 5 p.m. In the event of a mental health crisis or emergency, the center is available 24 hours a day. For additional assistance, participants can also contact the Crisis Hotline: 988. **Phone:** (671) 647-5440 **Email:** care@gbhwc.guam.gov **Location:** 790 Gov. Carlos G. Camacho Road, Tamuning, GU 96913
- VI. VOLUNTARY NATURE OF THE STUDY:** Participation in this research project is entirely voluntary. You are not obligated to answer any questions. You may stop or withdraw from the interview at any time.
- VII. QUESTIONS AND CONTACT INFORMATION:** If you have any questions or would like additional information about this research, I can be contacted at principal investigator's email.

By agreeing to participate, you are giving your consent for me to utilize the data collected in academic research. Thank you for your time and contribution to my study.

<u>Signature of Informed Consent:</u>	
I have carefully studied the above and understand this agreement. I freely consent and voluntarily agree to participate in this study.	
NAME _____ (please print)	DATE _____
SIGNATURE _____	