1. **DEBRIEFING STATEMENT**

**NOTE: this document is for use in studies that involve deception or incomplete disclosure. If you are not sure whether this document should be included with your IRB submission, contact the IRB office. Replace all text in red with the relevant information for your study. When you are finished, all red text should be replaced or removed.**

**Title of Research Study:**[insert title of research study here]

**Principal Investigator and contact information:**[insert name and contact information of principal investigator]

**Study Number:** [insert number that has been assigned to your study by Kuali]

Thank you for being part of this study. This form provides further information about the study purpose and procedures that was not fully disclosed during the consent process.

**Study Purpose and Procedures:**

Earlier in this study, in the consent process, we informed you that the study was [insert brief sentence about original stated study purpose or procedures that were affected by use of deception/incomplete disclosure].

The true purpose of our study is [insert statements, as applicable, describing:

1. what the true purpose of the study is,
2. the actual deceptive activities (this includes any fake articles or research stimuli that were utilized) and
3. the results/findings you hope to generate with this study].

For the study to work properly, we couldn’t give you all of this information before you participated. We wanted to make sure your participation was not affected by knowing [insert explanation].

[Insert statement reiterating any fabricated research activities or stimuli to ensure participants do not leave study believing false materials]. We hope you understand the reason for it.

**Confidentiality:**

Even though [purpose and/or procedures] is different from what we described in the consent form, everything else is correct. This includes the ways in which we will keep your data confidential. [Insert sentence reiterating how data is secured and maintained].

**When appropriate, include**:

Now that you are fully informed about the study purpose and procedures, you may decide that you do not want your data used in this research.

You can decide to have your data removed from the study, and it will be permanently deleted. [Insert instructions on how participant can have study data deleted]. If you decide to have your data removed from the study, we will still give you [insert compensation for study] for your participation.

**If applicable, include**: Please do not talk about the study to anyone who might be part of the study in the future. If they know too much about the study before they participate, they might participate in different ways.

**Contact Information:**

If you have any questions about this study, or if you have a problem that is related to the study, please contact the Principal Investigator, [insert name and contact information].

If you have questions about your rights as a research participant, you may contact the office of the University of Baltimore Institutional Review Board (IRB) by calling 410-837-4057 or by emailing IRB@ubalt.edu. The IRB is a group of people that reviews research studies to make sure that the rights and safety of participants are protected.

**If Applicable, include:** If you feel upset after you finish the study or if you find that some part of the study has caused you distress, it may help to talk with a qualified clinician. If you feel you would like help please contact [insert the appropriate contact information for local or national psychological/mental health services].

I agree to be part of this study. And I am 18 years old or older.

Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_­­­\_

Investigator's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*You may keep a copy of this form or print this from your screen, for your future reference. Again, thank you for your participation in this study.\*\*\*