**Template 4 Format for Debriefing Form**

How to use: Use this template to develop a debriefing form for studies which deceive participants or do not fully disclose all information during the informed consent process. All details that were not disclosed during the initial consent process must be disclosed in this form and, as such, this form may need to include information not described below or be adapted to better fit your study. For studies that collect signed consent, this form should be signed by participants. Studies not collecting signed consent form may consider an unsigned version of this form as long as there is a mechanism for confirming and documenting that participants still agree after being debriefed. Please modify the following information as necessary.

**Northeastern University, Department**

**Name of Investigator(s):** [Principal Investigator’s name, Student Researcher’s name]

**Title of Project:**

**Sponsor: (if applicable)**

# Thank you for agreeing to take part in this study. Withholding or misleading participants is sometimes necessary in order to get the information we, as researchers, need. We need to let you know that we’ve withheld some information from you (or you were provided with misleading information). Now that you’re done, we want to make sure that you understand how we misled you, answer any questions you might have, and make sure you are comfortable with us using your data in this study after being fully informed.

# What was the study really about?

[Provide a clear, lay explanation of the study's true purpose, deception was used and which aspects were real or false, and of any procedures that weren’t fully explained.]

**If I do not want to take part in the study now, what choices do I have?**

Although you have completed [describe study procedures], we want to make sure your participation is still voluntary after being told this information. You can choose to withdraw your data from the study, without any penalty or loss of any compensation offered to you [or credit, benefit, etc]. Withdrawing your data now won’t adversely impact your relationship with Northeastern or the research team [or employer, instructor, etc].

**What will happen to my data?**

If you agree to allow us to continue to use your data, we will [describe how the data will be used, for what purpose, etc].

If you don’t agree to allow us to continue to use your data, we will destroy it [describe when data will be destroyed and how – if any data can’t be destroyed, describe that instead].

**[Include the below if there is any possibility that revealing this information could potentially cause harm to the participant (including stress, trauma, strong emotional reaction)]**

**What will happen if I suffer any [harm, stress, trauma, etc] from this research?**

If research-related injury (i.e. physical, psychological, social, financial or otherwise) is possible in research, provide an explanation of whatever compensation or treatment will be provided. If physical injury is possible, explain whether any medical treatment is available, what it consists of, and where further information may be obtained.

When appropriate, you may use wording such as, No special arrangements will be made for compensation or for payment for treatment solely because of my participation in this research.

**Who can I contact if I have questions or problems?**

You can reach out to the research team now with any questions you might have. Please let me know if you have questions [or describe how questions can be asked]. If, in the future, you have questions, you can always reach out to us [describe process]. [If there is a possibility of an emergency, be sure an immediate response is available.]

**Who can I contact about my rights as a participant?**

If you have any questions about your rights in this research, you may contact the Human Subject Research Protection, Mail Stop: 560-177, 360 Huntington Avenue, Northeastern University, Boston, MA 02115. Tel: 773-396-2327, Email: [IRBReview@northeastern.edu](mailto:IRBReview@northeastern.edu) You may call anonymously if you wish.

**After being told the true intent and purpose of my participation, I agree to *[have my child]* keep my data included this research. [for studies that waive documentation of consent, please use different language consistent with how you will verify ongoing agreement]**

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**Signature of person [parent] agreeing to take part Date**

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**Printed name of person above**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of person who explained the study to the Date**

**participant above and obtained consent**

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**Printed name of person above**