*Informed Consent Template for Online Studies*

**Psychology Department Online Study Informed Consent**

Study Title: ***(use the same title given in your SONA or other solicitation materials)***

Experimenter(s): ***(provide the full name of at least one of the people responsible for running your study; include phone # and e-mail address)***

In order to participate in this research study, it is necessary that you give your informed consent. By continuing with this study you are indicating that you understand the nature of the research study and your role in that research and that you agree to participate in the research. Please consider the following points before proceeding:

I understand that the purpose (s) of this research is \_\_\_\_\_, the expected duration of my participation will be \_\_\_\_\_, I will engage in these tasks, \_\_\_\_\_ ***(provide a sentence or two about the general activities in which research participants will participate)*** .

I understand that my identity will NOT be linked with my data, and that all information I provide will remain confidential;

I understand that this study is associated with these risks: \_\_\_\_\_ **(Describe “any reasonably foreseeable risks or discomforts to the participant, including not only physical injury, but also possible psychological, social, or economic harm, discomfort, or inconvenience”)**

I understand that I may reasonably expect to receive the following benefits from participating in this study: \_\_\_\_\_ **(“A description of any benefits to the subject or to others that may reasonably be expected from the research. If there is no direct benefit, this should be stated.”)**

I understand I will have to pay the following cost, \_\_\_\_\_, or receive the following compensation: \_\_\_\_\_ **(”A statement concerning costs or compensation to the participant, if any. Note here whether or not completion of this study earns LOC credit.”)**

I understand that my participation in this research project is voluntary, that my refusal to participate will involve no penalty or loss of benefits to which I am otherwise entitled, and that I may discontinue participation at any time without penalty or loss of benefits to which I am otherwise entitled.

I understand that I will be provided with an explanation of the research in which I participated and be given the name and telephone number of an individual to contact if I have questions about the research. I understand that I may contact the Psychology Department Coordinator of Human Participants Research, Stefanie Sinno, at stefaniesinno@muhlenberg.edu or 484-664-3425, if I have questions concerning my rights as a participant in psychological research or to report a research-related injury.

***(If you are running a study involving deception, the following clause is required: )***

I understand that certain facts about the study might be withheld from me, and the researchers might not, initially, tell me the true or full purpose of the study. However, the complete facts and true purpose of the study will be disclosed to me at the completion of the study session.

*NEXT, YOU NEED TO CREATE A QUESTION THAT IS MANDATORY FOR PARTICIPANTS TO ANSWER. THE TEXT OF THAT QUESTION SHOULD READ:*

Please indicate your choice below. If you wish to participate in the study click on 'consent'. If you choose not to participate in the study at this time click on 'decline.'

*THE RESPONSE OPTIONS FOR THIS QUESTION SHOULD BE TWO CHOICES WITH THE FOLLOWING TEXT:*

Consent: Clicking on 'consent' indicates that you are over 18 years of age, that you understand the above information, and that you consent to participate in this study being conducted at Muhlenberg College.

Decline: Clicking on 'decline' indicates that you choose not to participate in the study at this time.

*THE DECLINE BUTTON SHOULD TAKE PARTICIPANTS DIRECTLY TO YOUR DEBRIEFING FORM. IN MOST SURVEY PROGRAMS, YOU USE "SKIP-LOGIC" TO MAKE THIS HAPPEN.*