INTERNET-BASED SURVEY CONSENT FORM

For anonymous Internet-based surveys, it is usually appropriate to use implied informed consent. Participants would still need to be presented with the consent information, but would be informed that their consent is implied by submitting the completed survey.

For confidential online surveys, researchers may place the consent in the survey and request the subject select an "I agree" or "I do not agree" checkbox.

Researchers conducting web-based research should be careful not to make guarantees of confidentiality or anonymity, as the security of online transmissions is in question. A statement in the informed consent form indicating the limits to confidentiality is typically required. The following statement may be used: "Your confidentiality will be maintained to the degree permitted by the technology used. Specifically, no guarantees can be made regarding the interception of data sent via the Internet by any third parties." (http://www.research.psu.edu/orp/)

The UCM recommendation is that this data needs to be secured just like hard copies (locked and/or password protected), encrypted when transmitted, and regardless of how it is saved (on a server, hard drive, thumb drive, ect.) the data needs to be erased from these source (not just deleted) for others to possibly retrieve. The retention timeline for the actual data is at the discretion of the researcher, however because of the transient nature of student status, erasure of the data by the time of graduation or adherence to professional guidelines as cited by student researchers is required.

REQUIRED ELEMENTS FOR A CONSENT FORM

1. Identification and affiliation of researchers.
2. Explanation of the purpose of the study.
3. Request for participation.
    a. Participation is voluntary.
    b. No penalty for declining to participate.
    c. Right to withdraw at any time without penalty.
    d. Right to withdraw data at end of session. (If this is not possible, explain why.)
4. Explanation of the research method.
    a. Procedures used.
    b. Duration of research participation.
    c. If the research method involves a treatment or medical procedure, a description of any alternative treatments.
5. Methods used to protect privacy.
    a. Whether and how anonymity is protected. (Anonymity is protected if the researchers do not record any potentially identifying information.)
    b. Whether and how confidentiality is protected. (Confidentiality is protected if procedures are used to secure any potentially identifying information so that it will not be revealed to others. These procedures might include keeping the information in a locked file cabinet in a designated location.)

6. Explanation of any risks. Examples of risks include risk of injury or illness, emotional distress, or loss of privacy.
7. Description of benefits to the subjects or to others. Benefits could include various types of payment or compensation as well as less tangible benefits (e.g., improved understanding of research, learning about oneself).
8. Information on who to contact with questions about the study.
9. Information on how to contact the person designated to answer questions about subjects' rights. (Research Compliance Officer-660-543-8562).

ADDITIONAL ELEMENTS WHICH MAY BE REQUIRED

10. If the research involves a treatment or medical procedure, a statement that the treatment may involve risks that are currently unforeseeable.
11. A description of any circumstances in which the subject's participation may be terminated by the investigator.
12. Any additional costs that may result to the subject as a result of participating.
13. A description of how subjects may withdraw from participation and any consequences of withdrawing.
14. A statement that any new findings that might affect the subject's decision to continue participating will be provided to the subject.
15. The approximate number of subjects involved.

EXAMPLE INTERNET-BASED SURVEY CONSENT FORM

Identification of Researchers: This research is being done by **(insert your name and title).** We are with the University of Central Missouri.

Purpose of the Study: The purpose of this study is to find out **(insert a description of your study).**

Request for Participation: We are inviting you to participate in a study on **(fill in the description of your study).** It is up to you whether you would like to participate. If you decide not to participate, you will not be penalized in any way. You can also decide to stop at any time without penalty. If you do not wish to answer any of the questions, you may simply skip them. **(Choose one of the following sentences to match the privacy of your study design: Once you submit an anonymous survey, we will not know which survey or test is yours. OR If you submit a confidential survey, you may withdraw your information at any time by contacting the researcher.)**

Exclusions: You must be at least 18 years of age to participate in this study.

Description of Research Method: This study involves completing a survey about **(fill in the blank).** The survey will ask you about **(fill in the blank summarizing your study questions).** This study will take about **(time period)** to finish.

Privacy: All of the information we collect will be **(choose anonymous or confidential). (Choose which applies: We will not record your name, student number, or any information that could be used to identify you OR a sentence describing the identifiers you are collecting).** Your confidentiality will be maintained to the degree permitted by the technology used. Specifically, no guarantees can be made regarding the interception of data sent via the Internet by any third parties.

Explanation of Risks: The risks associated with participating in this study are similar to the risks of everyday life. **(An explanation as to whether any compensation and an explanation as to whether any treatments are available if injury or emotional distress occurs. If so, what do they consist of or where any further information may be obtained. For example: Questions on the survey may be distressing for you. Information about the UCM Counseling Center will be provided if you feel any emotional distress from the survey.)**

Explanation of Benefits: You will benefit from participating in this study by getting firsthand experience in research.

Questions: If you have any questions about this study, please contact **(insert your contact information).** If you have any questions about your rights as a research participant, please contact the UCM Research Compliance Officer (660) 543-8562.

Please click the following indicating your choice to be in this study:

○ Yes I agree to participate in the study.

○ No I do not want to participate in the study