

## INTERVIEW CONSENT FORM

Study Title: \_\_\_\_\_

Researcher: \_\_\_\_\_

Institution: \_\_\_\_\_

Date: \_\_\_\_\_

### PURPOSE

You are invited to participate in a research interview. The purpose is [describe purpose].

### YOUR RIGHTS

? Participation is voluntary

? You may withdraw at any time

? You may decline to answer any question

### CONFIDENTIALITY

All information will be kept confidential.

RECORDING:  Yes  No

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Researcher Signature: \_\_\_\_\_ Date: \_\_\_\_\_