**Audio/Visual Consent Template**

**Suggested Wording Depending on the Nature of Your Research [Delete this]**

***Title of Study*:**

***Name and Contact of Researcher:***

***Purpose:*** This form provides information about data recording that will take place as part of this research study as well as your rights as a subject with respect to this recording. Please read each of the statements carefully.

**Recording Type:** For this study, you will be recorded through [audio, visual, audio and visual, etc.]. Recording will take place using [provide information about the technology used for recording. For example, video and audio will be recorded by the Webex app]. The recorded part of the project will have a duration of approximately [insert estimated time of recording here].

**Confidentiality and Storage:** Your recorded data will be kept confidential and will be accessible only to those on the research team. Your data will be stored [Insert details about storage, including how storage will ensure responses remain confidential.] Your data will be stored for [insert amount of time of at least three years], after which time it will be [insert one: destroyed, permanently deleted, archived.]

**Voluntary Participation:** In addition to the voluntary participation information presented on the informed consent statement, you may also refuse to participate in the recording aspect of this project without penalty or loss of benefits you are otherwise entitled to. You may withdraw your consent to be recorded at any time, even if you have previously agreed to the recording. Recorded data that have been transcribed and deidentified may still be used in data analysis. Your participation may also be terminated by the researcher without your consent if [insert any circumstances in which the subject’s participation may be terminated.]

**Use with Future Research Studies:** [If the recorded data will not be used in future research studies, include the following information here:

“Your data will not be used or distributed for future research studies conducted by the research team or by another investigator.”

*If the recorded data may be used in future research studies, you must either obtain* ***broad consent*** *from subjects as part of this form, or you must obtain subjects’ consent directly prior to using, accessing, or sharing their recorded data as part of that future study. If this applies to your project, please contact the HREB for more instructions.*]

**Acknowledgment and Consent:** Please place a check mark next to your response for each of the statements below.

I give consent for the researchers to record me using [audio, image, video, etc.] and to use my recordings for data analysis as part of this study.

\_\_\_\_\_ Yes

\_\_\_\_\_ No

***[Include the following if you plan to use some/all of the recording in a presentation or publication related to your project.]***

I give consent to allow the researchers to use my recordings (including recordings of my [voice/image]) for professional presentations and publications. The researchers will use a pseudonym in place of my actual name when discussing my data.

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**Signature:** I am voluntarily making a decision about whether or not to participate in this research study. By signing this, I agree that I have read and understand the above information and have no further questions for the researcher. If requested, a copy of this consent can be provided to you to keep.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date