**INSTRUCTION:** Please refer to [*CUNY HRPP Guidance: Suggested Language for Informed Consent*](https://www.cuny.edu/wp-content/uploads/sites/4/page-assets/research/research-compliance/human-research-protection-program-hrpp/hrpp-policies-procedures/22-ICF-Suggested-Language-1.1-02-01-19.pdf) *Documents* for specific language suggestions.Information provided throughout this form must be presented in sufficient detail relating to the research, and must be organized and presented in a way that does not merely provide lists of isolated facts, but rather facilities the prospective subject’s understanding of the reasons why one might or might not want to participate. Delete these instructions before submitting to the IRB.

**THE CITY UNIVERSITY OF NEW YORK**

*<insert name of PI’s Affiliated CUNY College>*

*<insert name of PI’s Department>*

**DEBRIEFING FORM FOR PARTICIPATION IN A RESEARCH STUDY**

**Title of Research Study:** *<enter title of study here>*

**Principal Investigator:** *<enter name and degree(s) of PI here>*

*<enter CUNY title of PI here>*

|  |  |  |
| --- | --- | --- |
| **Faculty Advisor:** |  | *<enter name and degree(s) of Faculty Advisor here, when applicable>* |
|  |  | *<enter CUNY title of Faculty Advisor here>*  *<enter name of Faculty Advisor’s CUNY campus, if different from one listed in consent form heading above>*  *<enter name of Faculty Advisor’s department, if different from one listed in consent form heading above>* |
| **Research Sponsor**: | | *<enter name of research sponsor/funder, if applicable>* |

Thank you for your participation in our study! Your participation is greatly appreciated.

**Purpose:**

Earlier in our consent form we informed you that the purpose of the study was ***[insert brief sentence about original stated purpose of study]***. In actuality, our study is about ***[insert statements describing i) what the true purpose of the study is, ii) the actual deceptive activities (this includes any fake articles or research stimuli that were utilized) and iii) the results/findings you were/are looking for]***.

Unfortunately, in order to properly test our hypothesis, we could not provide you with all of these details prior to your participation. This ensures that your reactions in this study were spontaneous and not influenced by prior knowledge about the purpose of the study. ***[Insert statement reiterating any fabricated research activities or stimuli to ensure participants do not leave study believing false materials.]*** If we had told you the actual purposes of our study, your ability to ***[insert study activity]*** could have been affected. We regret the deception but we hope you understand the reason for it.

**If Applicable:**

Randomization is a procedure used to assign research participants by chance to one of two or more groups. It is used to make sure that study results are not influenced by the selection of participants in one group as compared to another. In this research, you have a **<x>** chance of being assigned to one of the following groups: **<define each group and related procedures>.**

**Confidentiality:**

Please note that although the purpose of this study has changed from the originally stated purpose, everything else on the consent form is correct. This includes the ways in which we will keep your data confidential. ***[Insert sentence reiterating how data is secured and maintained]***.

Now that you know the true purpose of our study and are fully informed, you may decide that you do not want your data used in this research. If you would like your data removed from the study and permanently deleted please ***[insert instructions on how participant can have study data deleted]***.

**If Applicable:** Whether you agree or do not agree to have your data used for this study, you will still receive ***[insert compensation for study]*** for your participation.

**If Applicable:** Please do not disclose research procedures and/or hypotheses to anyone who might participate in this study in the future as this could affect the results of the study.

**Final Report:**

If you would like to receive a copy of the final report of this study (or a summary of the findings) when it is completed, please feel free to contact us.

**Useful Contact Information:**

If you have any questions or concerns regarding this study, its purpose or procedures, or if you have a research-related problem, please feel free to contact the researcher(s), ***[insert name(s) and phone number(s)]***.

If you have any questions about your rights as a research participant or if you would like to talk to someone other than the researchers, you can contact CUNY Research Compliance Administrator at 646-664-8918 or hrpp@cuny.edu.

Further Reading(s):

If you would like to learn more about ***[insert research topic]*** please see the following references:

***[list out related citations]***

**\*\*\* Please print a copy of this debriefing form and keep it for your records. Once again, thank you for your participation in this study!\*\*\***