## NOTE: this document is for use in studies that involve deception/incomplete disclosure – if you are not sure whether this document should be included with your IRB submission, contact the IRB office. Replace all text in red with the relevant information for your study.

## Title of Research Study: insert title of research study here

## Principal Investigator: insert name of principal investigator

## Study Number: Insert MCIRB number that has been assigned to your study. If no # assigned, leave blank

Thank you for your participation in our study. Your participation is greatly appreciated. This form provides further information about the study purpose and procedures that was not fully disclosed during the consent process.

**Study Purpose and Procedures:**

Earlier in this study, in the consent process, we informed you that the study was [insert brief sentence about original stated study purpose or procedures that were affected by use of deception/incomplete disclosure]. In actuality, our study [insert statements, as applicable, 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 hope to generate with this study].

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 certain aspects of the study. [Insert statement reiterating any fabricated research activities or stimuli to ensure participants do not leave study believing false materials]. We hope you understand the reason for it.

**Confidentiality:**

Please note that although the description of the study’s [purpose and/or procedures] has changed from the originally stated description, 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].

***When appropriate*, include**: Now that you are fully informed about the study purpose and procedures, 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 you would like your data removed from the study and permanently deleted, you will still receive [insert compensation for study] for your participation.

**If Applicable, include**: 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.

**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 Principal Investigator, [insert name and contact information].

If you have any questions concerning your rights as a research participant, you may contact the Mercy College Institutional Review Board office by emailing mcirb@mercy.edu.

**If Applicable, include:** If you feel upset after having completed the study or find that some questions or aspects of the study have caused you distress, talking with a qualified clinician may help. If you feel you would like assistance, please contact [insert the appropriate contact information for the Mercy College Counseling Center (if Mercy students) or local or national psychological/mental health services].

\*\*\*Please keep a copy of this form or print this from your screen, for your future reference. Once again, thank you for your participation in this study.\*\*\*