

Informed Consent Confidentiality Waiver for Research

You are being asked to participate in a research study. Please read the following information carefully before deciding whether to participate. Your participation is voluntary.

Purpose of the Research

The purpose of this research study is to [insert brief description of purpose].

Confidentiality Waiver

While every effort will be made to keep your information confidential, there are aspects of this research requiring limited waiver of confidentiality. This means that certain information may be disclosed to [insert who may receive information, e.g., research team, oversight bodies] for specific research or regulatory purposes.

Information that could directly identify you will not be disclosed except as required by law or with your explicit permission.

Risks and Benefits

The risks of participating in this study include [insert potential risks]. The benefits include [insert potential benefits].

Your Rights

Participation is voluntary. You may withdraw at any time without penalty. Your decision will not affect your relationship with the researchers or institution.

Consent

☐ I have read and understood the information above. I consent to participate and agree to the confidentiality waiver as described.

Full Name

Date

Signature (type or sign above)