



TENNESSEE DEPARTMENT OF CORRECTION

INFORMED CONSENT FOR RESEARCH

Principle Investigator/Researcher: _____

Title of Proposal: _____

Research Information

Purpose of this Study

Procedures to be Followed

Approximate Duration of this Study

The participant's rights, welfare, and privacy will be protected in the following manner:

By initialing below, you indicate your understanding of your rights, privacy, and welfare.

- a. In signing this consent form, you have not waived any of your legal rights, nor have you released this agency from liability for negligence.
- b. All data obtained from you during the course of this study will be accessible only to the principal investigator/researcher(s) and _____.
- c. Should the results of this project be published, you will be referred to only by number.

NOTE: You are free to withdraw this consent and to discontinue participation in this study or activity at any time.

This consent information was presented in the following manner: Written Verbal

I understand the procedures to be used in this study and the possible risks involved. All my questions have been answered. I also understand that my rights and privacy will be maintained, and I freely and voluntarily choose to participate. I understand that I may withdraw at any time. I further understand that I will derive no benefit from participation in the study; no compensation will be earned, no reduction of sentence or special consideration will occur on my behalf for participation.

Date

Signature of Participant

Date

Signature of Witness