**Debriefing Form**

*[A debriefing form is only required for studies involving deception. This form will be used to fully explain the purpose of the study after completion of research participation.]*

*[Fill in all blanks and remove all italics before submitting the form to the IRB.]*

Project Title:

Dear Participant,

During this study, you were asked to \_\_\_\_\_\_\_\_\_\_\_. You were told that the purpose of the research study was \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The actual purpose of the study was \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

We did not tell you everything at the beginning of the study because \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If you have any concerns about your participation or the data you provided during the study, please discuss these concerns with us. We will be happy to provide you with any explanations or information to ease your concerns.

*Select the statement that fits your study:*

*Statement 1: For studies where the researcher can link the data to the participant and the researcher is able to remove the data:*

Now that you have been told the true purpose of the study, you have the option to have your data removed from the study. Please let the researcher know if you do not want your data to be used in this research and it will be removed.

*Statement 2: For studies where the researcher cannot link the data to the participant:*

The responses in this study cannot be linked to you.

Contact Information: If you have any questions or concerns about this study, please contact us at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If you have questions about your rights as a research participant or want to report a complaint, please contact the Campus Institutional Review Board at the University of Missouri at 573-882-3181, 485 McReynolds Hall, Columbia, MO 65211, or at umcresearchcirb@missouri.edu.

*Optional:* If you have experienced any harm as a result of participating in this study, a referral list of mental health providers is attached to this document for your use. (Please note that any cost of seeking medical assistance is at your own expense.)

Thank you again for participating in this study.