ADULT CONSENT FOR RESEARCH PARTICIPATION
18 YR OLD AND OLDER PARTICIPANTS
PSC Research Project

The Psychological Services Center (PSC) is a training facility for service and research. All clients who get services at the PSC get an assessment and fill out forms at every appointment. Clients may also fill out other forms or answer questions for their therapist or PSC staff as part of their treatment. PSC staff use this clinical information to improve our services. For example, PSC staff wants to know how treatment is working for you. PSC staff also wants to know how we are doing as a Center.

Researchers can also use this “clinical information” to do research on mental health and therapy. For example, a researcher might want to find out how one group of clients feels compared to another group of clients. To be able to use your clinical information for research, the PSC would need your permission to provide the information.

If you sign this form, you are giving researchers permission to use your clinical information for research without any identifying information. That means that your information and forms will be entered into a computer using only an ID number along with information from many other clients. PSC staff will take out information that can identify you, like your name, date of birth, or address. Researchers who want to look at this data will have no way of knowing who the clients are. Only PSC staff will have a list of ID numbers and names. Researchers would not get this list. Before they can do the research, researchers also need to get permission from the University of Illinois Human Subjects Research Committee.

The risks of this research are very small because PSC staff will protect your privacy very carefully. The computer on which the data is stored is password protected and not connected to the internet. Your name and identifying information will be stored in a locked file cabinet in a different room than the computer data. On the other hand, PSC staff thinks this research will help a lot of people. The research will be used to improve our understanding of mental health and treatment. The research may be published in articles, presented at conferences, used in dissertations, or used to educate others about mental health and treatment. PSC staff hopes that this research can help people who have the same difficulties as you to get better treatment. We also hope the research will help psychologists, patients, and families to better understand mental illness. If you give the PSC permission to use your clinical information you do not need to fill out any extra forms besides the ones you would already do as a regular PSC client.

Participation in this research is strictly voluntary and you do not have to give permission if you do not want to. Your decision to sign or not sign this form will not at all affect any of the services you get at the PSC. If you have any questions about any part of this research you can contact Dr. Elaine Shpungin, PSC Director at 217-333-0041 or via email at shpungin@illinois.edu. Also, if you have any questions about your rights as a participant, or if you no longer wish that your private clinical information be used by the PSC, please contact the University of Illinois Institutional Review Board at 217-333-2670 (you may call collect) or by email at irb@uiuc.edu, via email at: irb@illinois.edu, or in writing at: 528 East Green Street – Suite 203, MC-419.
CONSENT TO PARTICIPATE

I have read and understand this consent form.

I agree to let researchers use my PSC clinical information for research  

I do not agree to let researchers use my PSC clinical information for research  

This includes interviews and forms that I fill out at every appointment. It also includes forms and questions I answer for my therapist or PSC staff as part of my treatment. I understand that it is my choice to consent or not consent to participate in research at the PSC. The services I get at the PSC will not be affected by my choice.

Printed Name of Participant (must be 18 or older)  

Signature of Participant (must be 18 or older)  

Signature of Witness (PSC Staff)  

University of Illinois Approved Consent Form Valid Until ______________________