Adolescent Assent

UCSC Study #: [Cayuse Human Ethics Study number]
Study Title: [Title of the Cayuse Human Ethics Study]

This study is being run by [Name of Faculty/Principal Investigator] from the [Department] at UC Santa Cruz. You're being invited to be part of this study because we want to learn more about [insert topic in clear language].

Please read this form carefully. You can ask questions at any time. You don't have to say yes, and nothing bad will happen if you decide not to participate.

🔍 Purpose of the Study

We're doing this study to learn more about [insert purpose in language that teens can relate to – e.g., "how teens use social media when they're stressed," "what students think about health apps," etc.]

✅ What Will You Do If You Join?

If you agree to be in the study, you will:

- [List procedures in plain language – e.g., "Take a 20-minute online survey about your habits," "Talk with a researcher in a one-on-one interview," "Join a small group discussion with other students," etc.]

[Only if applicable. Otherwise, remove.]
[Survey]

- You'll take a survey that asks questions about [topic, e.g., your thoughts, behaviors, feelings about __]. There are no right or wrong answers.

[Interview]

- You'll talk with one of the researchers and be asked questions about [insert topic]. You don't have to answer anything you're not comfortable with.

[Focus group]

- You'll be in a group discussion with other teens. You'll all be asked questions about [topic]. We'll ask everyone to keep what's said private, but we can't promise they will.

[Recording]

- We may [audio/video] record you. You can ask to stop or delete the recording at any time. Your name won't be used in the recording or notes.

The recordings might be used for:

- This research study
- Scientific articles or presentations
- Showing in classes
- Public presentations
- [Television/radio if applicable]

[If they can still participate without being recorded]
If you don't want to be recorded, you can still participate in this study.
[If they must be recorded in order to par
If you don't want to be recorded, you should not participate in this study.

⏱ How Long Will This Take?

Your part in the study will take about [insert time].

⚠️ Are There Any Risks?

Most risks are minor, but you might:

- Feel [e.g., tired, bored, nervous, upset by some questions or topics].
- Worry someone might see your private information.

We'll do our best to keep you comfortable and your information safe.
[If relevant: Describe steps to protect participants in politically or socially sensitive studies.]

🔐 Will My Information Be Kept Private?

Yes. The information you give us in this study will be kept as private as possible. Here's what that means:

How we keep your info safe:

- We won't use your name in any reports or publications.
- Your answers will be [stored in encrypted and password-protected files / locked cabinets].
- Only the research team will be able to see your private information.

[Include only if applicable. Otherwise, remove.]

- Your responses will be assigned a code number (instead of your name).
- A separate file links your name to that number, but it will be kept locked and secure.
- After the study is over and we don't need that link anymore, the file will be deleted.
- Your responses are anonymous - no one, not even the researchers, will know who you are.
- Sometimes, based on what you share, it might be possible for someone to guess who you are. We won't try to figure that out, and we will never include your name or anything identifying in any report.
- We take steps to protect your data online, but no system is 100% secure. There's always a small risk that someone outside the study could access internet data, even if it's unlikely.

[If recording]

- The recordings will be kept private and secure.
  Your name won't be included in the transcript or study notes.
- Once we write down the information we need, the recordings will be deleted.
- You can ask to stop or erase a recording at any time.

[If focus group]

- We'll ask everyone in the group not to share what's said, but we can't guarantee that other participants will keep things private.

[If the study uses a Certificate of Confidentiality (NIH)]

- We have a Certificate of Confidentiality from the NIH. This helps us protect your identity from legal demands for your data. But we may still report things like abuse or risk of harm if required by law.

[If researchers are mandated reporters]

There are some cases where we must break confidentiality because of the law. We may have to report:

- If you talk about hurting yourself or someone else
- If you say someone is hurting you (like abuse or neglect)
- If a court or government agency legally requires it

We'll only share what's required, and only with people who are allowed to receive that information.

Data Sharing and Future Use

We may share your [coded/de-identified] data or samples for future research. This could include studies on different topics or done by other scientists (even at companies). [Include only if applicable. Otherwise, remove.]

- Your name will not be included
- A special code will link your info, but only we can unlock it
- You can choose whether or not to allow this

[UNCOMMON]

[If the study is subject to the NIH Data Management and Sharing Policy, include the following. Otherwise, remove]

National Institutitute of Health

This study will collect some information and samples (like blood, saliva, or other materials) from you. We may keep your information and samples to help with other research studies in the future. These future studies might be about the same health topic as this one, or they might be about different topics. Other researchers at this university or at other places, including companies, might use your information to learn more and help others.

We plan to keep your information and samples for [insert time frame] as described in the study plan.

Your information and samples might be shared with researchers around the world. But, before anyone can use your information, they must get permission from [name of the

person or group who controls access]. The researchers who get your information promise not to try to find out who you are.

There are two ways your information might be shared:

- Option 1: Coded Information
  Your information will be given a special code to keep your identity private. Only [name of the person or group] will have the list that links your code to your name, and it will be kept very secure.
- Option 2: De-identified Information
  Your name and any details that could identify you will be taken off your information before it is shared. Researchers will not be able to connect the information back to you.

[UNCOMMON]
[Include only if applicable. Otherwise, remove.]

Certificate of Confidentiality

The researchers have a special protection called a **Certificate of Confidentiality.** This means they can legally refuse to give out information that might identify you if asked by courts or government agencies, like in a lawsuit or investigation. This helps keep your information private.

However, there are some exceptions:

- This Certificate does not protect your information if the federal or state government agency funding this study asks for it to check on the study or for official reviews.
- It also doesn't stop information from being shared if it's required by the Food and Drug Administration (FDA) to keep people safe.

Also, if you or someone in your family chooses to share information about yourself or your participation, the researchers cannot stop you.

If you give permission, doctors, insurance companies, or others might get your information.

Finally, if the researchers learn about things they are required by law to report—like child abuse, neglect, or if someone is planning to hurt themselves or others—they have to share that information with the proper authorities. The Certificate of Confidentiality cannot stop these legal reports.

 Will This Help Me?

You may not personally benefit, but what you share might help other teens or help researchers understand [insert issue] better.

 Can I Say No or Quit Later?

Yes. You can say no now or change your mind later.
You can:

- Leave the study anytime
- Skip any questions you don't want to answer
- Ask to delete your answers or recordings

Whatever you decide, it won't affect your grades, your relationship with the researchers, or any services you're receiving.
[If payment or credit is offered:]
You will still get [full/partial payment or credit] even if you stop early.

 Can You Be Taken Out of the Study?

Yes — the researchers might take you out of the study even if you want to stay in. This would only happen if:

- You don't follow the instructions for the study
- You miss too many parts of the study
- [Other reason — e.g., if your answers are incomplete or your responses make you ineligible]
- The study is stopped for any reason

If this happens, it's not a punishment — it just means the researchers can't include your information in the study anymore. You can still ask questions or talk about it with the research team if you're unsure.

[Include if applicable. Otherwise, remove.]

 Alternatives

If you're doing this for credit, extra credit, or a reward:
You can choose not to be in the study and still get [alternative assignment, credit, or another reward] in another way. Just ask the researcher or your teacher.

 Will I Be Paid?

Yes. You'll receive [e.g., $10 gift card, class credit, etc.] for participating.
OR
No, there is no payment for participating.

 Will This Cost Me Anything?

No. There are no costs to you. [If there are: list costs like parking fees]

[Include if applicable. Otherwise, remove].

 **What If I Get Hurt?**

[If the study involves greater than minimal risk, explain whether any medical or other treatment is available if injury occurs, and who to contact. Make sure to consider the University Policy for Medical Treatment of Human Subjects for Injuries Resulting from Participation in Research].

[If applicable, e.g., in clinical trials:] If you're injured because of the study, call [name and phone number]. We'll help you get medical attention. [Describe whether treatment is provided and who pays]

UC SANTA CRUZ

Office of Research

❓ Questions?

If you have questions about this study, you can contact:
[Researcher's Name] – [Phone] – [Email]
[Faculty Sponsor Name, if applicable] – [Phone] – [Email]
If you have questions about your rights as a research participant, contact UC Santa Cruz's Office of Research Compliance:
📞 831-459-1473
✉️ orca@ucsc.edu

🖊️ Sign If You Agree to Participate

Signing below means:

- You've read this form (or had it read to you)
- You understand what the study is about
- You agree to take part
- You know you can change your mind anytime

[Only if applicable. Otherwise, remove.]
Initial if you agree:
_____I agree to be audio/video recorded
_____I agree to let my data or samples be used in future research

_____ _____
Signature Date

_____
Printed name

Please sign both consent forms, keeping one for yourself.
A witness signature is required on this consent form <u>only</u> if:

(Check which of the following applies. If no witness signature is required, this witness signature section may be completely removed.)

☐ The subject has decision-making capacity, but cannot read, write, talk or is blind.
☐ The IRB specifically mandated a witness signature for this study.

The witness must be impartial (i.e., not a member of the subject's family, not a member of the study team).

For the witness: Information in this form was provided to the subject or legally authorized representative (LAR) and the subject or LAR voluntarily agreed to participate in the research described above.

_____ _____

Witness Signature Date

_____

Printed Name of Witness