This is a guidance template for a written signed Debriefing Form for studies involving deception or incomplete disclosure. This form is used to provide research participants with information about the study once the study (or their participation) is completed (or if a participant withdraws). Revise accordingly for online or verbal debriefing, or where signed informed consent is waived. **Please Note**: Only unprotected PDF documents can be stamped by the IRB.

**Before submitting the debriefing form for IRB approval, delete or replace all red text with information that is appropriate for your study.**

**CHAPMAN UNIVERISTY**

**DEBRIEFING FORM**

[Title of Study]

Thank you for your participation in this research study. For this study, it was important that we [withhold some information from you or provide you with incorrect information] about some aspects of the [study or your participation]. Now that your participation is completed, wewill describe the [withheld or incorrect information]to you, why it was important, answer any of your questions, and let you decide whether you would like to have your data included in this study.

**What you should know about this study**

(1) Explain what was being studied (i.e., purpose or hypothesis). Use lay terms and avoid jargon. (2) Provide a detailed description of the deception or incomplete disclosure. (3) Explain why this was necessary for the study. (4) Fully disclose to participants all aspects of the study.

**Right to withdraw data**

[If data includes identifying information that enables the researcher to distinguish and remove an individual’s responses, participants must be informed of their right to withdraw their data from the research.]

You may choose to withdraw the data you provided prior to debriefing, without penalty or loss of benefits to which you are otherwise entitled. Please initial below if you do, or do not, give permission to have your data included in the study:

 I give permission for the data collected from or about me to be included in the study.

 I DO NOT give permission for the data collected from or about me to be included in the study.

**If you have questions**

The main researcher conducting this study is [principal investigator’s name and title; add lead student researcher if applicable] at Chapman University in the Department of [XXX]. Please ask any questions you have now. If you have questions later, you may contact [principal investigator’s name] at [email address] or at [phone number]. If you have any questions or concerns regarding your rights as a research participant in this study, you may contact the Institutional Review Board (IRB) at 714-628-2833 or [irb@chapman.edu](http://irb@chapman.edu).

Your signature below indicates that you have been debriefed, and have had all of your questions answered.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Name of Researcher Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Name of Participant Signature Date

Please sign both copies, keep one and return one to the researcher.

**Add any of the following, if applicable:**

Whether you agree or do not agree to have your data used for this study, you will still receive [insert compensation] for your participation.

Please do not disclose research procedures and/or purpose to anyone who might participate in this study in the future as this could affect the results of the study.

If you feel upset after having completed the study or find that some questions or aspects of the study were distressing, talking with a qualified clinician or counselor may help. If you feel you would like assistance, please contact [insert the appropriate name and contact information for psychological/mental health services].

If you would like to receive a copy of the final report of this study [or a summary of the findings] when it is completed, please feel free to contact the researcher.