

Documentation of Informed Consent

Statement of Voluntary Participation for Clients	
<p>It has been fully explained to me that participation in this study is not required as part of my treatment in the department. I am taking part in this study of my own free will. I understand that I can refuse to participate now or at any time during the study, without consequence or effect on my services here. I understand that the information obtained in this study is confidential and that my rights as a participant will be fully protected as specified in the Welfare and Institutions Code and as required by the Ethical Principles of the American Psychological Association.</p>	
Signature	Date
Printed Name	
(If participant is a child, <u>parent's signature</u> and <u>printed name</u> must be completed below)	
Parent's Signature	Date
Parent's Printed Name	

Statement of Voluntary Participation for Employees	
<p>It has been fully explained to me that participation in this study is not required as condition of my employment in the department. I am taking part in this study of my own free will. I understand that I can refuse to participate now or at any time during the study, without consequence or effect on my employment. I understand that the information obtained in this study is confidential and that my rights as a participant will be fully protected as specified in the Welfare and Institutions Code and as required by the Ethical Principles of the American Psychological Association.</p>	
Signature	Date
Printed Name	

Researcher Acknowledgement	
Signature	Date
Printed Name	
<p>Note: The original of this form must be submitted to the Chair of the Research Review Committee for inclusion in that investigator's file.</p>	