

Data Privacy Consent Form for Research Participants

Thank you for considering participation in our research study. Please read the following information carefully before providing your consent.

Purpose of the Study

This study aims to [briefly describe study purpose]. Your participation is voluntary, and your responses will contribute to [research goal].

Data Collection and Usage

- **Type of Data Collected:** We will collect information such as [list data types, e.g., demographics, survey responses].
- **Purpose:** Data will be used solely for purposes related to this study and as described in this form.

Data Storage and Protection

- All data will be stored securely in password-protected files and/or locked cabinets.
- Your data will be anonymized and code numbers will be used in place of names whenever possible.
- Only authorized research team members will have access to the data.

Your Rights

- You have the right to withdraw from the study at any time without penalty.
- You may request access to your data or ask for your data to be deleted.
- Participation is entirely voluntary.

Consent

By signing below, you acknowledge that you have read and understood the information provided above, and you consent to participate in this research study. If you have any questions about the study or your rights as a participant, please contact [researcher's name and contact].

Participant Name: _____

Signature: _____

Date: _____