**Debrief Form/Script for Research Involving Deception**

[IRB# & Title of Study]

Thank you for your participation in this research study. For this study, it was important that [ I / we] [withheld 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, [ I / we] will describe the [ withheld or incorrect information] to you, why it was important, answer any of your questions, and provide you the with the opportunity to make a decision on whether you would like to have your data included in this study.

**What should you know about this study?**

(1) Provide a detailed description of the deception or incomplete disclosure. (2) Explain why this was necessary in order to carry out the research. (3) Fully disclose to participants all aspects of the study including its purpose. (4) Explain how the results of the deception will be evaluated.

Use language that is understandable to 12th grade students and is readable by a lay audience. Assume that participants have no knowledge in your field or of research in general, so do NOT use jargon or research terms such as hypothesis, manipulation, variable, etc.

**Include 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 incentive for study] 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].

Final Report: 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.

**Right to withdraw data**

[If data includes identifying information, including the use of audio and/or video recordings that enables the researcher to distinguish and remove an individual’s responses. Participants must be informed of their right to withdraw their data from research.]

You may choose to withdraw the data you provided prior to debriefing, without benefit 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 my 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], a [faculty or staff member] at Texas Christian University [Department/ School/ or College]. 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]. Or you may contact the co-investigator [ Co-I’s name], a student researcher at Texas Christian University [Department/ School/ or College] 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 Office of Research Compliance at [research@tcu.edu](mailto:research@tcu.edu).

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

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Name of Participant Signature Date

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Name of Researcher Signature Date

Please make a copy of the signed form for the participant and one to keep for your records.