This is a template for a Debriefing Form or Script for studies involving deception or withholding information in the consent process. This form is used to provide research participants with information about the study once the study ends or their participation is completed. Delete/replace all highlighted text with information that is appropriate for your study.

**IRB Study #**
**Title of Study**:
**Principal Investigator**:
**Principal Investigator Phone number**:
**Principal Investigator Email Address**:

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

**What you should know about this study**

(1) Provide a detailed description of the deception or withheld information. (2) Explain why this was necessary for the study. (3) 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 should 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.

**If you have questions**

Please ask any questions you have now [if in person]. If you have questions later [if in person], you may contact [principal investigator’s name] at the contact information provided above. If you have any questions or concerns regarding your rights as a research participant in this study, you may contact the Institutional Review Board at 919-966-3113 or by email to IRB\_subjects@unc.edu.

**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 incentive for study] for your participation.

If you are recruiting from a student subject pool please add one or two bibliographic citations for participants who may wish to learn more about the topic so that it fulfills the teaching purpose of the participation requirement.

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.