

**CONSENT FOR RESEARCH PARTICIPATION**

*Revised July 2020*

The TAMU Psychology Clinic is a clinical psychology training clinic for service and research. Clinic service information is used routinely for a variety of purposes by Clinic Staff, for example, to aid in assessing your progress during treatment, to help train or evaluate graduate students, to track service utilization, and to review continuous quality improvement of services. Data may also be used for future archival research purposes, that is, data gathered from open or closed cases to answer clinical service delivery research questions. Access to and use of this data for research purposes will be limited to Clinical Psychology faculty and graduate students who have received prior research approval from the TAMU Institutional Review Board (IRB) for Studies Involving Human Subjects.

Your signature on this form gives us permission to use your data. Your permission is entirely voluntary and you will not be penalized in any way should you choose to withhold your consent.

1. I understand that data about my case and progress will be coded into a database and may be used in archival research.
2. I understand that data from my case will be coded without any identifying information attached, protecting my anonymity and the confidentiality of my data.

\_\_\_\_\_  
Client's Signature Date

\_\_\_\_\_  
Parent or guardian's signature *(if applicable)* Date

\_\_\_\_\_  
Therapist/Evaluator Signature Date

**CONSENT FOR FUTURE RESEARCH CONTACT**

Occasionally, the design of a research project is such that the investigator needs to contact research participants in the future to verify existing data or collect additional data. Your signature below gives a research investigator permission to make such contact with you. If you are willing for the possibility of such contact, we will use the mailing address you have provided. Any contact attempted will be in an anonymous manner, (i.e., unmarked envelopes and callers who do not identify themselves as calling from the TAMU Psychology Clinic until they are talking directly to you), thereby protecting your confidentiality. Your permission is entirely voluntary and you will not be penalized in any way should you choose to withhold your consent. You may consent to archival research (above) and refuse permission for future contact: simply sign the above signature line and leave blank the one below. You also may refuse both or consent to both.

\_\_\_\_\_  
Client's Signature Date

\_\_\_\_\_  
Parent or guardian's signature *(if applicable)* Date

\_\_\_\_\_  
Therapist/Evaluator Signature Date