Consent Form Module: Audio or video recording

Version February 1, 2024

* ***State if video or audio recording will occur; describe how recordings will be used and stored.***
* ***Choose one of the two Question #1 options depending on whether subject may or may not participate if declining to be audio / video recorded***

*[Describe the setting, duration and procedures of recording session, and use, storage and security of recordings]*

*For example:*

Parts of the recording of the session will be transcribed to written form, without identifying the speakers. The recording will be erased when all data from it have been reviewed and coded, not later than \_\_X days after the session.

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| Please initial next to the appropriate statement to indicate your decision |
| **INITIAL** | <<I do not want to be audio/ video recorded in this study. This means that I cannot participate in the study. Stop here and speak to Dr. <PI Name>. Do not sign this form.>> **//OR//** <<I do not want to be audio/ video recorded in this study. I understand I still can participate in other parts of the study.>> |
| **INITIAL** | I agree to be audio/ video recorded in this study. |

**Optional: add to bullet points at end of consent:**

* I may ask that the recorder be turned off at any point during the study if there is something that I do not want recorded.