

CONSENT TO PARTICIPATE IN RESEARCH PROJECT

I, _____, voluntarily agree to participate in the _____ research project on behalf of Maryland's Department of Human Resources (DHR) for a period of _____ (days/months/years). I have been informed that the nature and purpose of the project is:

and the possible risks, if any, are:

I understand that information obtained about me and my family will be kept confidential and will only be used for this project. I have not been coerced to participate in this activity nor have I been threatened with termination of service should I refuse to participate, and that I have the right to withdraw this consent at any time.

Print Name of Participant

Signature of Participant

Address

Telephone Number

Date

If the participant is a minor or an adult incapable of providing informed consent, the signature of a parent, legal guardian or other authorized decision-maker is required.

Print Name of Parent/Guardian/Other

Signature

Relationship to Participant

Address

Telephone Number

Date