

APPENDIX B

SAMPLE FORMS

Some of the forms included in this appendix can be filled out electronically; other forms can be slightly modified to include locally relevant information (e.g., names of grantees, agencies, research projects). Download the forms and revise as necessary to suit your needs.

- 1. Consent Form**
- 2. Privacy Certificate**
- 3. Confidentiality Statement**
- 4. Request for IRB Action**
- 5. Protocol for IRB Review**

Informed Consent for Face-to-Face Interviews

Introduction

The goal of this research project is to conduct a community needs assessment of services available to victims of crime [or a program evaluation of the services we are providing] to help alleviate their plight. We aim to find out what services agencies provide, how agencies work together to help people, and if services meet the needs of the clients. Our study is not about the legal case that you may be involved in.

Benefits of Participating in the Study

You can give us information that may help improve services for crime survivors throughout the country. Without this information, no one can be sure if the services help people and how they can be changed for the better.

Possible Risks of Participating in the Study

Being in the study involves a face-to-face interview with a researcher. At no time will you be asked about the crime itself or your legal case. However, talking about the ways you need help and the services you have received may remind you of negative feelings or may trouble you in other ways. If this happens, I or a mental health counselor will be available for you to talk to.

Who Is Conducting the Study?

_____ is doing the study. If you are interested in being in the study, a researcher will work with me to arrange a time to meet with you. The researcher is trained and will keep all your answers completely confidential. Federal law protects the confidentiality of information you share in this study.

What Will You Be Asked About?

Should you agree, I will give the researcher general contact information so that he or she may reach you for the interview. Questions may involve—

- The services in your community.
- How you became involved in services in the community.
- What types of services you wanted or needed.
- Your opinions about the services—whether they were helpful and satisfactory.
- How the services helped you.
- Other services in the community you may know of but have not used.

The researcher will *not* be asking you about your legal case at any point during the interview.

Procedure

I will set up a time with you for the interview. The interview will be held in a private room at _____ . The interview will be audiotaped, and the researcher will take some handwritten notes. If you do not want the interview audiotaped, a second researcher will be present to take notes. You may also have someone present to support you (e.g., friend, case manager). The interview should take about 60 to 90 minutes to complete. You will receive a gift of appreciation for your time at the end of the interview. The evaluation staff can also help you with transportation to and from the interview if needed.

Voluntary Participation

Being a part of this study is completely voluntary and will not affect the services you receive from agencies, your legal status, or your eligibility for any type of assistance. What you say also will not affect the agency that is helping you or the money it receives to provide services. You may refuse to answer any question during the interview and can end the interview at any time.

Confidentiality

The information you provide will be kept completely confidential. Your confidentiality is guaranteed except if you say you intend to commit a crime or harm yourself. Nothing you say will be attributed to you by name. Your name will not appear on the interview form or be recorded on tape and it will not be identified in any part of the study. Also, the audiotape will be destroyed after information from it is summarized, if a tape is made.

Questions

If you have any questions about the study, please contact me and I will find out the answer from the researcher.

Consent

If you are interested in doing an interview, please mark an X in the box below. The mark also shows that you are willing to have me share information from your records with the researcher.

☐

I, the undersigned, indicate by my signature that the study participant has placed a mark in the above box.

Name of Case Manager

Signature

Date

Please give completed form to researcher prior to interview.

Grantee _____ certifies that data *identifiable to a private person* will not be used or revealed, except as authorized in 28 CFR Part 22, Sections 22.21 & 22.22.

Grantee certifies that access to the data will be limited to those employees having a need for such data and that such employees shall be advised of and agree in writing to comply with the regulations in 28 CFR Part 22.

Grantee certifies that all contractors, subcontractors, and consultants requiring access to identifiable data will agree, through conditions in their subcontract or consultant agreement, to comply with the requirements of 28 CFR §22.24, regarding information transfer agreements.

Grantee certifies that, if applicable, a log will be maintained indicating that (1) identifiable data have been transferred to persons other than employees or grantee/contractor/subcontractor staff; and (2) such data have been returned or that alternative arrangements have been agreed upon for future maintenance of such data, in accordance with 28 CFR §22.23(b)(6).

Grantee certifies that any private person from whom identifiable information is collected or obtained shall be notified, in accordance with 28 CFR §22.27, that such data will only be used or revealed for research or statistical purposes and that compliance with the request for information is not mandatory and participation in the project may be terminated at any time. In addition, grantee certifies that where findings in a project cannot, by virtue of sample size or uniqueness of subject, be expected to totally conceal the identity of an individual, such individual shall be so advised.

Grantee certifies that project plans will be designed to preserve the confidentiality of private persons to whom information relates, including where appropriate, name-stripping, coding of data, or other similar procedures.

Grantee certifies that copies of all questionnaires that have already been designed for use in the project are attached to this privacy certificate. Grantee also certifies that any questionnaires developed during the project period will be provided to DOJ at the end of the project.

Grantee certifies that project findings and reports prepared for dissemination will not contain information that can reasonably be expected to be identifiable to a private person, except as authorized by 28 CFR §22.22.

Grantee certifies that adequate precautions will be taken to ensure administrative and physical security of identifiable data and to preserve the confidentiality of the personally identifiable information.

Grantee certifies that all project personnel, including subcontractors, have been advised of and have agreed, in writing, to comply with all procedures to protect privacy and the confidentiality of personally identifiable information.

To comply with the regulations in 28 CFR Part 22, the following safeguards are incorporated into the grant application.

Brief description of project:

Procedures for notifying subjects, as required by 28 CFR §22.23(b)(4) or, if notification is to be waived, pursuant to 28 CFR §22.27(c), please provide a justification:

Procedures developed to preserve the confidentiality of personally identifiable information, as required by 28 CFR §22.23(b)(7):

Justification for the collection and maintenance of any data in identifiable form, if applicable:

Procedures for data storage, as required by 28 CFR §22.23(b)(5):

Description of any institutional limitations or restrictions on the transfer of data in identifiable form, if applicable:

Name and title of individual with the authority to transfer data:

Procedures to ensure the physical and administrative security of data, as required by 28 CFR §22.25(b), including, if applicable, a description of those procedures used to secure a name index:

Procedures for the final disposition of data, as required by 28 CFR §22.25:

Name and title of individual authorized to determine the final disposition of data:

Access to data is restricted to the following individuals, as required by 28 CFR §22.23(b)(2):

Principal investigator(s)

Project staff

Contractors, subcontractors, and consultants

Grantee certifies that the procedures described above are correct and shall be carried out.

Grantee certifies that the project will be conducted in accordance with all the requirements of the Omnibus Crime Control and Safe Streets Act of 1968, as amended, and the regulations contained in 28 CFR Part 22.

Grantee certifies that DOJ shall be notified of any material change in any of the information provided in this privacy certificate.

Signatures: _____ (Principal Investigator)
_____ (Principal Investigator)
_____ (Institutional Representative)

Date: _____

Pursuant to Title 28 of the Code of Federal Regulations, Part 22, research team members have an obligation to protect the identities of those interviewed or surveyed and the information they provide to . The identity of persons interviewed and their related data are to remain confidential. Removal of names or disclosure of identities and related information is strictly forbidden. Contents of interviews are not to be discussed with anyone except project staff, and only as necessary to complete the assigned work. Additionally, interview information may not be discussed anywhere it could be overheard by persons who are not authorized to know this information.

As a member of the research team of , I, _____, will protect the confidentiality of all information identifiable to a private person that is collected or used in the conduct of my work for .

I shall not discuss any identifiable information that I may learn of during the course of my involvement as an independent consultant with anyone other than project staff members who have a need to know this information.

I will follow the procedures established by _____ to prevent unauthorized access to or disclosure of information identifiable to a private person.

I certify that I have been informed that _____ is governed by the Department of Justice Regulations in 28 CFR, Part 22 and Part 46, which govern the collection, use, and revelation of research and statistical information identifiable to a private person, and that I, as an independent consultant for _____, am governed by these regulations.

I certify that I have been given copies of the regulations in 28 CFR Part 22 and Part 46 and that I understand the obligations imposed by them.

I understand that my signing this agreement is a condition of my employment as part of _____.

By signing this statement, I acknowledge that I understand the rules surrounding the protection of confidential information, and, if I am found to be in violation of these provisions, I can be subject to a penalty up to \$10,000, in addition to any other penalty imposed by law.

Full Legal Name (please print):

Signature

Date

Request for IRB Action	
Principal Investigator or Project Director:	Work Group:
Funding Agency/Organization:	
Project Title:	
Date Request Submitted:	
Date Review Required:	
Project Period of Performance: Anticipated beginning and end dates for data collection this year from _____ to _____.	
Type of Review: <input type="checkbox"/> Initial Review <input type="checkbox"/> Continuing Review <input type="checkbox"/> Request for Exemption <input type="checkbox"/> Request for Expedited Review	Reason for Review: <input type="checkbox"/> No Previous Review <input type="checkbox"/> Minor Modifications <input type="checkbox"/> Requested Changes Made <input type="checkbox"/> Exempting Conditions <input type="checkbox"/> Other (please specify) _____
Special Populations Involved: (Check all that apply) <div> <input type="checkbox"/> Fetuses/Embryos <input type="checkbox"/> Mentally Impaired </div> <div> <input type="checkbox"/> Pregnant Women <input type="checkbox"/> Physically Impaired </div> <div> <input type="checkbox"/> Prisoners <input type="checkbox"/> Emotionally Impaired </div> <div> <input type="checkbox"/> Minors <input type="checkbox"/> Other (please specify) </div>	

Principal Signature (Date)

Instructions to project director: Please complete this form and attach copies of all supporting documentation. Do not consider your responses to each to appear limited by the space below. Submit a complete copy to the IRB administrator, who will forward it to the IRB chair.

PROTOCOL FOR REVIEW
*Copies of instruments must accompany completed protocol.
1. Principal Investigator:
2. Project Title:
3. Project Number:
4. Date Review Scheduled:
5. Funding Agency:
6. Agency Review Requirements:
7. Other Special Requirements:
8. Project Narrative:
9. What are your procedures for selecting subjects?

PROTOCOL FOR REVIEW***Copies of instruments must accompany completed protocol.**

10. State the potential risks to human subjects from this research and what you have done to minimize the risks.

11. State the potential benefit to the human subjects from this research, especially related to the potential risk.

12. Which, if any, special classes of human subjects are included in this research?

13. Please briefly explain procedures for obtaining informed consent and attach correspondence and/or forms to be used.

14. Please briefly explain procedures for maintaining confidentiality.