KU Child and Family Services Clinic -- Consent for Clinical Research

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KEY INFORMATION

- This project is studying how individual and family factors contribute to treatment outcomes for children.
- Your participation in this research project is completely voluntary.
- No additional time is involved in allowing your information to be included as research. We will use the information that is already collected as part of the services you receive at the KU Child and Family Services Clinic.
- You will be asked to do the following procedures: complete questionnaires throughout the time you receive services in the clinic.
- There are no known risks associated with your involvement in this study.
- There are no benefits to you for participating in this study. Others may benefit from the information gained by your participation in this study.
- Your alternative to participating in this research study is not to participate.

DETAILED INFORMATION

We are interested in finding ways to better serve children, adolescents, and families within the clinical setting. In particular, we want to know how individual and family factors contribute to treatment outcomes. We also want to further identify risk and protective factors for more serious problem behavior, including suicidal behavior and substance use. This form is to obtain your permission to use the information that is already collected as part of the services you receive at the KU Child and Family Services Clinic to better understand these issues. We will collect this information throughout the time you receive services in the clinic. All questionnaire information you complete during the course of your sessions will be included in the study. We will also include information about presenting problems and concerns (e.g., diagnosis), topics discussed during sessions, number of sessions attended, and the treatments received from the clinic in addition to non-identifiable demographic information (e.g., age, number of children in the family, income level).

There are minimal to no risks associated with your involvement in this study. All of the information collected is part of routine procedures in the clinic, and all information will be retained as part of your

(your child's) clinical record. For research purposes, all information will be entered into a database de-identified, which means a number rather than a name will be used on study records. No names or identifying information will be included in the database, and no names will be shared in any publication or presentation with the research findings from the study. All information will be entered into a database within the confines of the clinic to ensure confidentiality. Your identifiable information will not be shared unless (a) it is required by law or university policy, or (b) you give written permission.

Participation is voluntary, and no compensation is provided for participation. You are not required to sign this Consent form, and you may refuse to do so without affecting your right to any services you are receiving. Treatment in the clinic will not be affected by whether or not you allow your information to be used for research purposes. You also have the right to cancel your permission to collect further information collected about your children, in writing, at any time, by sending your written request to Dr. Fite at the address above. If you cancel permission to use your information and/or your child's information for research purposes, the researchers will stop including additional information about you and/or your children in the database. However, the research team may use and disclose information that was gathered before they received your cancellation.

I have read this consent form. If I have further questions I can contact Dr. Fite. I understand that if I have any additional questions about my/ my child's rights as a research participant, I may call (785) 864-7429, write to the Human Research Protection Program (HRPP), University of Kansas, 2385 Irving Hill Road, Lawrence, Kansas 66045-7568, or email irb@ku.edu.

I am of legal consenting age (18 years or older), and I consent to allowing the KU Clinical Child Psychology Program to use my and/or my child's clinical information for research purposes. By my signature I affirm that I have received a copy of this Consent and Authorization form.

_____	_____
Client's Name	Guardian's Name (if under age 18)
_____	_____
Signature (Guardian's signature if under 18)	Date