Parental/Guardian Permission Form for Department Pool Participants Earning Credit
IRB-FY2016-2

Your child, __________________________, is invited to take part in a study named "Memory Questionnaire." The study is designed to learn more about the prevalence of bothersome negative episodic memories amongst healthy individuals and individuals with mental health issues. The research is being conducted by M. Alexandra Acunzo who is a post-doctoral fellow. The faculty sponsor of this work is Prof. Elizabeth Phelps in the NYU Department of Psychology.

If you permit participation in this study, your child will be asked to: 1) provide some general demographic information about themselves, and 2) report on some moods, feelings and mental health history. In addition, they may be asked to write a brief description of a negative event they experienced in their lifetime. Participation will take about 45 minutes, and will earn 1 credit for laboratory participation towards the course research requirement. If your child chooses not to participate, they can fulfill the course requirement in other ways besides participating in this study.

There are no known risks associated with your child's participation in this research beyond those of everyday life. People often talk about their stresses, concerns and memories. If your child is uncomfortable doing so, however, they can skip those questions.

Although this study asks about feelings and mental health issues, it is not a treatment study and your child will not be given feedback about their responses. If they want to discuss mental health issues with a professional, they can visit the Student Health Center's Counseling Services located at 726 Broadway, 4th Floor, Suite 402 for Walk-In Counseling, or call the NYU Wellness Exchange anytime at 212-443-9999.

Although your child will receive no direct benefits for participation in this study, your child may become more aware of how knowledge is discovered in psychology and help the investigator better understand the prevalence of bothersome negative episodic memories amongst healthy individuals and individuals with mental health issues.

Taking part in this study is voluntary. Not taking part or withdrawing from the study will not affect your child's grades or academic standing in any way. Your child has the right to skip or not answer any questions they prefer not to answer. When your child completes the study, a thorough written explanation of it will be provided.

Confidentiality of your child's research records will be maintained by separating their responses from identifying information. Personal identifying information will never be directly linked with your child's other responses in any research report, publication or presentation. Only summary or statistical data will be used, so it will be impossible to identify your child or any other specific person from these reports. At the end of the semester all identifying information will be permanently removed from the archived data. Information not containing identifiers may be used in future research or shared with other researchers without your additional consent.

The researcher cannot keep information confidential if they have concerns that someone is hurting children or that your child might hurt themselves or someone else. In such cases, the researcher will inform people in authority about their concerns.

If there is anything about the study or taking part in it that is unclear or that you do not understand, or if you have questions or wish to report a research-related problem, you may contact the principal investigator, M.
Alexandra Acunzo, at aa7015@nyu.edu, 6 Washington Place, Room 890, New York, NY 10003 or the faculty sponsor, Prof. Elizabeth Phelps, at 212-998-8337, liz.phelps@nyu.edu, New York University, 6 Washington Place, Room 890, New York, NY 10003.

For questions about your child’s rights as a research participant, you may contact the University Committee on Activities Involving Human Subjects (UCAIHS/IRB), New York University, (212) 998-4808 or ask.humansubjects@nyu.edu, 665 Broadway, Suite 804, New York, NY 10012.

You have received a copy of this permission document to keep.

Permission

__________________________________________  ____________
Parent’s Signature                      Date