**ADDENDUM: CONSENT TO AUDIO/VISUALLY**

**RECORD OR PHOTOGRAPH SUBJECTS**

**Replace instructional language (in BLUE) with language that applies to your research.**

**Insert the below language into your main consent form under the section titled “What will I be asked to do if I take part in this study?”**

We will *[specify* audio-record (sound), video-record, video and audio-record, photograph (picture)] your participation in this study [*if optional, include* with your permission]. *if optional, add* You do not have to consent to be [specify recorded or photographed] in order to take part in the main research. *if NOT optional, add* If you do not agree to be [specify recorded or photographed] let the researcher know you do not agree to participate in this study.

The [*specify* recording(s) and/or photographs] will be used for [*state purpose of photographs and recordings; e.g., sample language may include:* analysis by the research team; possible use as a teaching tool to those who are not members of the research staff (i.e. for educational purposes); commercial purposes. *If the recordings and/or photographic images will be used for commercial purposes, the addendum must specifically state whether the subject will be compensated for this use*.]

The [recording(s) and/or photographs] may include the following information that can identify you [*Indicate whether and how subjects’ identities may be discerned from the audio-/visual recording or photograph*.] [*Specify strategies, if any, to modify recordings/photographs in ways that protect subjects from being identified*.]

**Insert the following into the section with the header “How will information about me be kept private or confidential?”**

The [recording(s) and/or photographs] will be stored [*include measures taken to protect subjects’ privacy. For example:* in a locked file cabinet with no link to subjects’ identity; in a locked file cabinet and linked with a code to subjects’ identity; in a locked file cabinet and labeled with subjects’ name or other identifiable information]and will be stored[*indicate the length of time the recording(s) will be retained, e.g.* destroyed upon completion of the study procedures; destroyed upon publication of study results; retained indefinitely.]

*You must also provide information about what you will do with photographs or recordings after the study is over. To accomplish this disclosure, choose a scenario (& delete the one that does not apply to the research).*

*If you do not plan to use or distribute subjects’ photos/recordings—with or without identifiers removed—for secondary research add:*The [recording(s) and/or photographs] will not be used by us or distributed to investigators for other research.

*If you plan, or think you may at some future time, use or distribute photos/recordings for secondary research and if collected anonymously add*:

[Recording(s) or Photographs] may be used or distributed to investigators for other research without obtaining additional informed consent from you.

*If you plan, or think you may at some future time, use or distribute photos/recordings for secondary research and if collected with identifiers add:* After information that could identify you has been removed, de-identified [recording(s) or photographs] responses may be used by or distributed to investigators for other research without obtaining additional informed consent from you.

**IF RECORDING IS OPTIONAL AND SIGNATURE WILL NOT BE OBTAINED (Waiver of documentation of informed consent – survey consent mechanism or obtaining verbal consent for interview/focus group, etc.)), ADD to the bottom of the form:**

Your oral agreement permits the investigator named above to [record and/or photograph] you as described above during participation in the above-referenced study. The investigator will not use the recording(s) for any other reason than those stated in the consent form without your written consent.

**IF RECORDING IS OPTIONAL AND SIGNATURE (OR eSignature) WILL BE OBTAINED - Insert the following after the signature lines for the main informed consent:**

Your signature on this form permits the investigator named above to [record and/or photograph] you as described above during participation in the above-referenced study. The investigator will not use the recording(s) for any other reason than those stated in the consent form without your written consent.

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| **AGREEMENT TO BE RECORDED**  Subject Name (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Subject Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Investigator/Person Obtaining Consent Name (Printed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |