

Parent Permission with Child Assent

Title of Research Study: Examining Millennial and Gen Z Preferences for Non-Traditional Mental Healthcare

IRB Study Number: [REDACTED]

Principal Investigator: [REDACTED]

Supported By: This research is supported by the Department of [REDACTED]

Key Information about this research study:

The following is a short summary of this study to help you decide whether to permit your child to be a part of this study.

The purpose of this study is to examine what types of non-traditional mental healthcare services Millennials and Gen Z'ers prefer. Your child will be asked to complete a survey which will include questions about his/her demographics and attitudes and perceptions of mental health care services and/or tools. We expect that this survey will take 10-15 minutes. All study data are confidential.

The primary risk of participation is breach of confidentiality despite any steps taken to protect your child's privacy. All questionnaires are framed as requiring voluntary responses only. You can choose to withdraw your child from the study without penalty if you do not wish for him/her to provide the requested information. The main benefit of participation is that the results may help researchers understand how to better serve adolescents and young adults in need of mental healthcare. We expect about 200 young adults and children will be in this research study. You can ask all the questions you want before you decide.

If you say that you do not want your child to be in this research:

Participation in research is voluntary. You can decide you do not want your child to participate in this research and it will not be held against you or your child in any way.

You can say "Yes," but change your mind later:

You can have your child stop and leave the survey at any time and it will not be held against you or your child. If this happens, any data collected from your child up until that point will not be used in the research.

This is what will happen to the information collected for this research:

Efforts will be made to limit the use and disclosure of your child's personal information, including research study records, to people who have a need to review this information. We cannot promise complete secrecy. Organizations that may inspect and copy your information include the IRB and other representatives of this institution.

This survey is being hosted by NUI REDCap Electronic data capture software and involves a secure connection. Terms of service, addressing confidentiality, may be viewed at: <https://projectredcap.org/partners/termsfuse/>. Your child will be identified only by a unique subject number. All information will be kept on a password protected computer only accessible by the research

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team. The results of the research study may be published, but neither your name nor your child's name will be used.

Confirming Consent

To confirm your permission for your child to participate in this study, you will be emailed and asked to verify your consent. If you do not respond within two weeks, all data from your child will be deleted. This measure is put in place to ensure that you are completely sure about your decision. Your email address will be stored separately from your child's survey data, and is only being collected to contact you for consent purposes, or in the case that your child has won a gift card, for payment purposes.

Here is some other information that is useful for you and your child to know:

If you agree for your child to take part in this research study, we will enter him/her into a raffle to win one of four \$50 Amazon gift cards. The raffle will take place after 200 participants have completed the survey. You will receive an email if your child is one of the winners.

Here is who you and your child can talk to:

If you have questions, concerns, or complaints, you can talk to the Principal Investigator [REDACTED]

[REDACTED] This research has been reviewed and approved by an Institutional Review Board ("IRB"). You may talk to them at (312) 503-9338 or irb@northwestern.edu if:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.
- You have questions about your rights as a research participant.
- You want to get information or provide input about this research.

Typing your name below serves as your electronic signature documenting your permission for the named child to take part in this research. If you want a copy of this consent for your records, you can print it from the screen.

Printed name of child

Date

Printed name of parent or individual legally authorized
to consent for the child to participate

Date

Email address of parent