**Consent Template: GDPR**

To provide the information necessary under the European Union General Data Protection Regulation 2016/679 (“EUGDPR”). For use when collecting personal data in or from the European Union.

Information in the consent document must be organized to facilitate comprehension. **Consent documents should be written in plain language, generally at an 8th-grade reading level.** The reading level can be higher if the target population tends to have a higher literacy rate than the general population.

We recommend the use of this template to create the consent document(s) for your study. Please note the following:

1. Text in [brackets] represents information about your study that you must add. Your study information should be written in plain language.
2. A backslash ( / ) indicates that you must make a selection depending on your study procedures (e.g., “will/will not” or “I/we”).
3. Additional instructions or sample text are provided in boxes.
4. Before you submit your consent document to the IRB, delete this cover page, brackets, and boxes. The finished document should reflect what you will give to the subject.
5. Please follow the **instructions in blue** below, revising or providing the information in **red**. You will need to remove the instructions as you go, including these instructions. The font color of your completed document should be **black**.
6. If your study will involve multiple types of participants requiring different consent forms, save each file using a file name specific to each consent document, clearly identifying the type of consent and the intended audience (e.g., parental consent, survey consent, etc.).

For questions about consent, please contact the IRB at [irb@liberty.edu](mailto:irb@liberty.edu).

For more information on plain language, go to <http://www.plainlanguage.gov/>

For more information on the EUGDPR, go to <https://gdpr-info.eu/>

**General Data Protection Regulation (GDPR) Consent**

*To Be Signed By Individual Providing Personal Data*

**Controller Information**

For the purposes of this research study, the principal investigator (PI), [name], is the controller of your personal data. You may contact [name] by phone and email at [phone number and email].

**Uses of Personal Data**

Your personal data will be used for the purpose of research. Specifically, the research seeks to [study purpose].

In two to three sentences and in plain language, please list the purpose of your study as it relates to personal data use.

**Categories of Personal Data**

The categories of personal data you are being asked to consent to the principal investigator’s use of are [your name, address, email address, telephone number] and [include description of any other personal data collected, including any special categories as defined in GDPR].

Above, please provide the specific data fields you intend to use for the research study. “Special categories" of personal data require a higher level of protection due to their sensitive nature and consequent risk for greater privacy harm.  This includes information about a data subject's **health, genetics, race or ethnic origin, biometrics for identification purposes, sex life or sexual orientation, political opinions, religious or philosophical beliefs, or trade union membership.**  Although criminal convictions and records are not considered "special categories" of personal data, this information is subject to amplified protections under the GDPR.

**Confidentiality of Personal Data & Provisions for Data-Sharing**

The records of this study will be kept private. Research records will be stored securely, and only the researcher[s] will have access to the records. [Include the following sentence if the possibility of sharing the data exists. If this is not the case, you may delete it.] The principal investigator may share your personal data with third-parties, including [state all other parties that will receive personal data].

[Include the following statement if you reside within the United States. If you reside within the EU, you may remove the below paragraph.] Your personal data will be transferred out of the European Union to the principal investigator located in the United States. By signing this consent form, you acknowledge and understand that your personal data will be transferred out of the European Union to the principal investigator in the United States and that the United States does not protect personal data in the same manner as it may be protected in the European Union. By signing this consent form and checking “gives consent” below, you consent to this transfer of your personal data.

**Provisions for Data Storage & Your Rights**

Your personal data will be stored in accordance with the record retention requirements applicable to research activities and Health and Human Services (HHS) regulations in the United States. Under the EUGDPR, you have the right to request access to, rectify, erase, and restrict the processing of your personal data. You also have the right to revoke this consent to use your personal data. If you feel the principal investigator has violated the EUGDPR, you have the right to file a complaint with the appropriate EU supervisory authority.

**Your Consent**

Please [sign/electronically sign], check the desired box, date, and return this form to the principal investigator.

Select/revise the appropriate options in red above to ensure that this form is completed and returned to you. If you plan to collect electronic signatures, please be sure to capture the fields listed below.

I consent to [researcher’s name] using my personal data for the purposes described in this notice and understand that I can withdraw my consent at any time using the contact information provided above in this notice.

\_\_\_ Gives consent

\_\_\_ Does not give consent

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Printed Name of Individual Providing Consent

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Address of Individual Providing Consent

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Signature of Individual Providing Consent Date