

Social Factors in the Mental Health of Young Adults: Bridging Psychological and Network Analysis

Informed Consent Form

NCT04771195

November 30, 2024

STANFORD UNIVERSITY Research Consent Form

Protocol Director: Jamil Zaki

IRB# 24593

IRB Use Only

Approval Date: November 30, 2024

Expiration Date: November 30, 2025

Protocol Title: Relationships as Psychological Protective Factors: Neural and Behavioral Markers

Consent Form

DESCRIPTION: You are invited to participate in a research study about your thoughts and feedback on the Stanford Communities Project. You will be asked to complete a 30-minute, semi-structured interview with our research staff. Your response during this interview will be recorded, transcribed, and anonymized for research purposes

TIME INVOLVEMENT: Your participation will take approximately 30 minutes.

RISKS AND BENEFITS: There are risks, discomforts, and inconveniences associated with any research study. This study may put you at risk of an unintentional breach of confidentiality, but we will take the necessary steps to prevent this from happening. Recordings of this interview will be transcribed, anonymized, and stored in a database subject to both physical and electronic protection. We cannot and do not guarantee or promise that you will receive any benefits from this study. Your decision whether or not to participate in this study will not affect your grades in school.

PAYMENTS: You will receive \$ [REDACTED] as payment for your participation.

PARTICIPANT'S RIGHTS: If you have read this form and have decided to participate in this project, please understand your participation is voluntary and you have the right to withdraw your consent or discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled. The alternative is not to participate. You have the right to refuse to answer particular questions. Your individual privacy will be maintained in all published and written data resulting from the study. In accordance with scientific norms, the data from this study may be used or shared with other researchers for future research (after removing personally identifying information) without additional consent from you.

CONFIDENTIALITY:

The results of this research study may be presented at scientific or medical meetings or published in scientific journals. However, your identity will be kept confidential.

The research staff will protect your data from disclosure to people not connected with the study. However, complete confidentiality cannot be guaranteed because officials of the National Institute of Mental Health are permitted by law to inspect the records obtained in this study to insure compliance with laws and regulations covering experiments involving human subjects. Additionally, it is possible that, based on information gained from this study, the researchers may be required to report information (e.g., information relating to suicide, physical or sexual abuse) to the appropriate authorities. Members of our research team are Stanford University mandated reporters of incidents of sexual violence and harassment, so any incidents shared in open survey responses will necessarily be reported to the Title IX Office. Your research records may be disclosed outside of Stanford, but in this case, you will be

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identified only by a unique code number. Information about the code will be kept in a secure location and access limited to research study personnel.

This research is covered by a Certificate of Confidentiality from the National Institutes of Health. The researchers with this Certificate may not disclose or use information, documents, or biospecimens that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other action, suit, or proceeding, or be used as evidence, for example, if there is a court subpoena, unless you have consented for this use. Information, documents, or biospecimens protected by this Certificate cannot be disclosed to anyone else who is not connected with the research except, if there is a federal, state, or local law that requires disclosure (such as to report child abuse or communicable diseases but not for federal, state, or local civil, criminal, administrative, legislative, or other proceedings, see below); if you have consented to the disclosure, including for your medical treatment; or if it is used for other scientific research, as allowed by federal regulations protecting research subjects.

CONTACT INFORMATION:

Questions: If you have any questions, concerns or complaints about this research, its procedures, risks and benefits, contact the Protocol Director, Jamil Zaki at [REDACTED] or send an email to [REDACTED]

Independent Contact: If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about the research or your rights as a participant, please contact the Stanford Institutional Review Board (IRB) to speak to someone independent of the research team at (650) 723-2480 or toll free at 1-866-680-2906. You can also write to the Stanford IRB, Stanford University, 1705 El Camino Real, Palo Alto, CA 94306.

Please print a copy of this page for your records.

If you agree to participate in this research, please complete the surveys on the next page.

The extra copy of this signed and dated consent form is for you to keep.

Signature of Adult Participant

Date

Print Name of Adult Participant