CONSENT FORM (Behavioral – non-paid subjects)

Introduction

You have been invited to take part in a research study by Jonathan Winawer of the Department of Psychology in the Faculty of Arts and Sciences at New York University. He can be reached at the FAS/Department of Psychology (6 Washington Place, Room 960), by email (jonathan.winawer@nyu.edu), or phone (212 998-7922).

The study is aimed at understanding how people see and hear, and how we make judgments about simple visual and auditory stimuli.

Procedure

If you agree to be in this study, you will be asked to do the following:

1. Listen to or view a series of auditory or visual stimuli
2. Answer some simple questions about each of these stimuli

This study involves up to 6 hours of your time. This study consists of 1 to 4 sessions that are carried out over multiple days. Each session will last between 30 minutes and 4 hours, depending on the number of sessions required for the experiment.

Risks

There are no known risks associated with your participation in this research beyond those of everyday life. Although you will receive no direct benefits, this research may help the investigator understand how we identify, recognize, and think about different types of stimuli.

Benefits:

Although you will receive no direct benefits, this research may help the investigators better understand how people perceive visual stimuli.
Cost and Compensation

You will not be paid for participation in this study. You are not required to participate in this study and your participation is entirely voluntary. There will be no cost to you associated with participation in this study.

If you earn (or if you are compensated) in excess of $600 from New York University, within any calendar year, for participation as a research subject, you will need to report the earnings/payments as income on your taxes, as NYU will be required to report the payments to the IRS as other income and will issue you a 1099 form.

Rights

Participation in this study is voluntary. You may refuse to participate or withdraw at anytime without penalty. For interviews, questionnaires, or surveys, you have the right to skip or not answer any questions you prefer not to answer.

Nonparticipation or withdrawal will not affect your grades or academic

If there is anything about the study or your participation 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 Jonathan Winawer at

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For more information or questions about your rights as a research participant, or if you are not satisfied with the manner in which this study is being carried out, you may contact the University Committee on Activities Involving Human Subjects (UCAIHS), 665 Broadway, Suite 804, New York University, (212) 998-4808 or ask.humansubjects@nyu.edu.

Confidentiality

Confidentiality of your research records will be strictly maintained. Information will be stored in the investigator’s file and will be identified by a code number. The code key connecting your name to specific information about you will be kept in a separate, secure location. Information not containing identifiers may be used in future research or shared with other researchers without your additional consent.

This research is covered by a Certificate of Confidentiality from the National Institutes of Health. Researchers with this Certificate will not disclose or use information that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other action, suit, or proceeding, even if there is a court subpoena.
Exceptions include:

- A federal, state, or local law requires disclosure, such as suspicion of harm to yourself or others.
- Your explicit approval for the researchers to release your name and/or personally identifiable information.

**Agreement to Participate**

YOUR SIGNATURE INDICATES THAT YOU HAVE READ THE ABOVE INFORMATION, THAT YOU HAVE DISCUSSED THIS STUDY WITH THE PERSON OBTAINING CONSENT, THAT YOU HAVE DECIDED TO PARTICIPATE BASED ON THE INFORMATION PROVIDED, THAT YOU ARE 18 YEARS OF AGE OR OLDER, AND THAT A COPY OF THIS CONSENT DOCUMENT HAS BEEN GIVEN TO YOU TO KEEP.

________________________  ______________________
Participant’s Signature      Date

________________________
Participant’s Printed Name

I certify that I have presented the above information to the subject and secured his or her consent.

________________________  ______________________
Experimenter’s Signature     Date