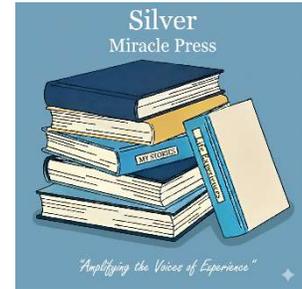


Silver Miracle Press

PARTICIPANT RESEARCH CONSENT FORM (EXPANDED)

Silver Miracle Press
Emotional Well-Being Research Consent Form
Effective Date: [Insert Date]



1. Purpose of Research

Silver Miracle Press partners **anonymously** with universities and aging specialists to explore how storytelling supports:

- emotional well-being
- reduction of isolation
- improved sense of purpose
- intergenerational understanding
- resilience among seniors and caregivers

Your participation helps create a valuable research foundation—but it is completely voluntary.

2. What Information May Be Used

If you **opt in**, Silver Miracle Press may share with researchers:

- anonymized excerpts from your story
- anonymized questionnaire responses
- aggregated or thematic summaries

Your identity will never be shared.

We will remove:

- names
- locations
- family details
- personal identifiers
- any information you request not be shared

3. What Will NOT Be Shared

Silver Miracle Press will **never** share:

- your email, phone, or address
 - your full unedited story
 - personal or medical information
 - private-use submissions
 - identifying information of any person in your story
-

4. Possible Benefits

- contributing to meaningful research
 - helping reduce isolation in seniors
 - supporting emotional well-being studies
 - contributing to a national archive of senior and caregiver voices
-

5. Possible Risks

- emotional reflection may feel sensitive at times
 - you may skip questions or stop at any time
 - there are no physical or clinical risks
-

6. Your Rights

You may:

- opt in
 - opt out
 - change your decision at any time
 - request deletion of future use
 - participate in SMP programs even if you decline research
-

7. Your Decision (Choose One)

I OPT IN

I agree to allow Silver Miracle Press to share fully anonymized excerpts or responses with approved university or research partners. I understand I will never be identified or contacted by researchers.

Signature: _____

Printed Name: _____

Date: _____

I OPT OUT

I do not want my submissions used for research. I understand I may still participate fully in Silver Miracle Press activities.

Signature: _____

Printed Name: _____

Date: _____

8. Contact

Questions or changes to your preference:

lee@silvermiraclepress.org

Silver Miracle Press

Largo, Florida