**Consent to Collect, Use and Disclose Social Security Numbers**

**IRB Study Number:**

**Sponsor:**

**Principal Investigator:**

**Payments $100.00 or more for tax reporting obligations:**

You are not required to provide your Social Security Number to participate in this study. However, to receive a study participation payment totaling $100.00 or more for this study, you will need to provide your Social Security Number to the University so that the University and you comply with tax reporting laws. If you are/have received payment from participating in other studies, you also will need to provide your Social Security Number. If you do not provide your Social Security Number, we cannot provide you a study participation payment totaling $600 or more in a calendar year. However, you may still choose to participate in this study by checking the second circle below. For minors (less than the age of 18) that have a social security number, please request their social security number. If the minor does not have a social security number, please ask for the parent or guardian’s social security number.

*Please check the box signifying which payment methodology you are utilizing (required):*

***Greenphire debit ClinCard:***

The research coordinator will ask you to verbally give your Social Security Number to be typed directly and into the secure Greenphire system. No written record will be maintained for this personal data. The personal data you provide is stored in a secure electronic database that has access limited to only those who need to know your information. Greenphire employs reasonable precautions to prevent your personal data from loss, misuse, unauthorized access, disclosure, alteration or destruction.

***Studies not utilizing the Greenphire debit ClinCard:***

My research coordinator/nurse will provide me with a copy of the Vendor Information Form and help me complete the form. The coordinator/nurse will then return the completed form on my behalf. I understand that means the research coordinator will know my personal information, including my Social Security Number.

I am willing to provide my Social Security Number so that I can be paid for participation in this study. It is federal law that payments totaling $600 or more in a calendar year must be reported to the IRS for tax purposes.

I choose not to provide my Social Security Number. I understand that I will not be able to receive a study participation payment totaling $600.00 or more within a calendar year unless I provide my Social Security Number.

**Foreign Nationals:** Payments to Foreign Nationals for their participation in research studies conducted in the United States may be subject to backup withholding pursuant to Internal Revenue Code Section 1441(a). The University must determine, on a case by case basis, if backup withholding is required on remunerations paid to Foreign National participants. The University may be required to withhold tax from the gross amount due to the Foreign National at the applicable rate (potentially up to 30%) as determined by the International Tax Office. Research coordinators, please contact Accounts Payable office at [participant\_payments@ecu.edu](mailto:participant_payments@ecu.edu) to determine the methodology of payment and possible withholdings.

Reference: US Code Title 26; Subtitle F; Chapter 61; Subchapter B; Section 6109 &; N.C. Gen Stat. 132-1.10 Social Security Number and other Personal Identifying Information; N.C. Gen Stat. 143-64.60 State Privacy Act.

Participant Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If participant is a minor, printed name of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant or Minor Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Date\_\_\_\_\_\_\_\_\_\_\_