*[Author Name]*

*[Entity Name] | [Entity Address] | [Version Number]*

This free template has been created to assist professionals in the development of Brain Computing Interface (BCI) policies and procedures. It is not required to use the existing format. This document is guidance and should not be legal advice. Please refer to legal counsel for explicit requirements related to your industry. Please copy, change, and revise this document as needed for your purposes. This document is a template created explicitly for a starting point and baseline.

Here’s a sample consent policy for the use of a brain-computer interface (BCI). This policy is meant for informational purposes and should be reviewed and customized by legal and ethical experts to ensure compliance with relevant regulations and ethical guidelines.

Please delete this box and any templated labels before using.

**Informed Consent Policy for   
Brain-Computer Interface (BCI) Use**

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**Informed Consent Form for Brain-Computer Interface (BCI) Use**

**Version:** [Insert Version Number]

**Effective Date:** [Insert Date]

**Approved:** [Insert Name]

# 1. Purpose

The purpose of this Brain-Computer Interface (BCI) is to [describe the purpose of the BCI, e.g., facilitate communication for individuals with motor impairments, enhance cognitive functions, etc.]. This technology involves the use of sensors and algorithms to interpret neural signals and translate them into digital commands.

# 2. Description of the BCI Procedure

The BCI system will involve:

* **Preparation:** Placement of non-invasive electrodes or sensors on your scalp.
* **Data Collection:** Recording of neural activity for analysis.
* **Data Analysis:** Processing of recorded signals to enable interaction with a computer or device.
* **Duration:** [Specify the duration of each session and the total study duration if applicable].

# 3. Risks and Discomforts

Participation in the BCI study involves minimal risks. However, you may experience:

* **Discomfort:** Mild discomfort or irritation from the electrodes or sensors.
* **Data Security:** Although efforts will be made to protect your data, there is a small risk of unauthorized access.
* **Unforeseen Risks:** As with any new technology, there may be risks not currently known.

# 4. Benefits

Potential benefits of participating in this study include:

* **Personal Benefits:** [Describe potential personal benefits, such as improved communication or enhanced cognitive function].
* **Scientific and Societal Benefits:** Contributing to advancements in BCI technology that may help others in the future.

# 5. Confidentiality

All personal and neural data collected will be kept confidential and used only for research purposes. Data will be stored securely and anonymized to prevent identification of individuals. Results may be published, but will not include identifiable information.

# 6. Voluntary Participation

Participation in this study is entirely voluntary. You may withdraw from the study at any time without penalty or loss of benefits to which you are otherwise entitled.

# 7. Contact Information

For questions or concerns regarding this policy, please contact:

**BCI Security Policy Coordinator**

Email: <policy-coordinator@example.com>

Phone: <Phone Number>

If you have any questions or concerns regarding the BCI or your participation in this study, please contact:

* **Principal Stakeholder:** [Name, Title, and Contact Information]
* **Ethics Review Board:** [Name, Title, and Contact Information]

# 8. Consent

By signing below, you acknowledge that you have read and understood the information provided above, and you consent to participate in the use of the Brain-Computer Interface as described.

**Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Researcher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Researcher’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# 9. Document History

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| --- | --- | --- | --- |
| **Date** | **Revision** | **Author** | **Notes** |
| August 2024 | 1.0 | Crawford | Document Creation |
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