**University of North Carolina at Chapel Hill  
Consent to Participate in a Research Study**  
**Addendum to provide additional information to subject after original consent**  
  
**Consent Form Version Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**IRB Study #** \_\_\_\_\_\_\_  
**Title of Study**: **Principal Investigator Department**:   
**Principal Investigator Phone number**:   
**Principal Investigator Email Address**:   
**Funding Source and/or Sponsor:**   
**Study Contact Telephone Number**:   
**Study Contact Email**:   
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The following information should be read as an addition to the original Consent form that you read and signed at the beginning of the study. Unless specifically stated otherwise in the following paragraphs, all information contained in that original Consent Form is still true and remains in effect. Your participation continues to be voluntary. You may choose not to participate or may withdraw your consent to participate at any time for any reason without jeopardizing your future care at this institution or your relationship with your study doctor.   
  
**New or additional information**

Include a description of the study changes that pertain to the participants being reconsented.  
[Generic] The study team will message you by email or text, however you may say “no” to receiving these messages and still participate in this study. These messages may include appointment reminders, requests to contact the study team, or reminders to complete study activities. The study team will ask you to provide your preferred email address or cell phone number. These messages may be sent by the study team’s personal electronic devices. If you respond to the message, your message may be received by a study team member’s personal device. This means there is the risk your information could be shared beyond you and the study team.   
  
If you wish to stop receiving unprotected communication from the study team or have lost access to your device or email account, please notify the study team using the study contact information on the first page of this consent form.

[HIPAA / PHI] The study team would like to message you by email or text messages; however you may say “no” to receiving these messages and still participate in this study. The study team will ask you to provide your preferred email address or cell phone number. If you say “yes”, messages may contain personal health information and may be sent by the study team’s personal electronic devices or in a method that is not able to be protected. If you respond to the message, your message may be received by a study team member’s personal device. This means there is the risk your information could be shared beyond you and the study team.

If you wish to stop receiving unprotected communication from the study team or have lost access to your device or email account, please notify the study team using the study contact information on the first page of this consent form.

\_\_\_\_\_ Yes, I consent to the study team sending unprotected messages  
\_\_\_\_\_ No, I do not consent to unprotected messaging. I wish to receive messages through secure email.   
\_\_\_\_\_ No, I do not want to receive messages. Please call me by telephone.

**Participant's Agreement**:  
I have read the information provided above.  I have asked all the questions I have at this time.  I voluntarily agree to continue to participate in this research study.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature of Research Participant  
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Date  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Printed Name of Research Participant

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Signature of Research Team Member Obtaining Consent  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date  
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Printed Name of Research Team Member Obtaining Consent