***[INSTRUCTIONS: Utilize this template to notify participants about alterations in the contact information for revoking their consent and/or HIPAA authorization. This notification should be issued to participants who are still undergoing study-related procedures and/or whose data continues to be collected.]***

(Insert Date)

Dear (insert participant’s name),

You are receiving this communication because you have been or are currently involved in the research study titled (Insert IRB# and title).

IF APPLICABLE, INSERT:

The initial lead researcher, or Principal Investigator (PI), was [Insert old PI’s name]. Please be informed that there has been a change, and the new PI is [Insert new PI’s name]. This new PI will be responsible for all information gathered about you during this study.

IF APPLICABLE, INSERT:

According to the consent form and HIPAA authorization you signed at the onset of your participation, you retain the right to revoke your consent at any time by notifying the PI in writing. Please note that the contact address has been updated. To withdraw your HIPAA authorization, please address your written request to:

**[Enter PI’s name, institution, department, and new address.]**

Should you have any concerns or questions about this update, do not hesitate to reach out to [insert contact name and phone number].

Sincerely,