Dear (Insert Subjects),

***Provide a brief overview of the research project.***

The purpose of this study is to:

1. ***Purpose #1***
2. ***Purpose #2***

The following information is provided so that you can make an informed decision about whether or not to participate in this study.

1. Participation in the study is strictly voluntary. You are free to choose not to take part in the study or to stop taking part at any time.
2. If you choose to not take part or want to stop at any time, it will not affect your future status in this organization.
3. There are no known benefits to participating in this study.
4. All responses to the survey questions are confidential and anonymous. Individuals will not be identified in any way.
5. There is minimal discomfort or risk associated with this study.
6. The CHRISTUS Health Institutional Review Board (IRB) can answer any questions you may have in regards to your rights as a research subject. Contact Dr. Brian Gladue, PhD, 919 Hidden Ridge Avenue, Irving, Texas. 75038. Ph. 469-282-2686. Email address: christus.irb@christushealth.org.
7. Completing and submitting the surveys indicates your informed consent.
8. To participate in this study, clink on the link provided below.
9. If you have any questions now or in the future regarding this study, please feel free to contact me at ***(Insert your contact number).***

***Insert link here.***

Sincerely,

***(Insert your name here)***