HIPAA AUTHORIZATION FORM

Information Sheet

• One of the purposes of the Health Insurance Portability and Accountability Act is to protect your health information from being used or shared with people without your permission. Therefore, we need your written permission to use your health information that the researchers will collect during the course of the research study.

• The research study has been explained to you and is described in the Consent Form that you have already signed.

• You have the right not to agree to share your health information. You will continue to receive treatment by the doctors or from other health care services if you decide not to sign the form. But, you will not be able to join in the research study because the researchers cannot see your health information.

• You have been told who will know your health information including the names of the institutions and organizations. These are listed in the research study Consent Form, and you may ask to go over them again.

• Your permission to use your health information does not end, but you may stop your permission at any time by writing to the researcher. If you do so, the researcher will still be able to use the information already collected.

• If you want to know who your health information has been shared with you can ask the researcher at any time. When the research study is over, you may request to see your research records.

• You may ask the researcher questions at any time, and you will be given a copy of the signed Authorization Form.

Inform
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