

## HIPAA Authorization Form

**Study Title:** *(insert full study title)*

**Principal Investigator:** *(insert PI name)*

### Authorization for Release of Information

I voluntarily authorize the use or disclosure of my individually identifiable health information as described below.

Patient Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Persons/organizations providing the information: *(e.g., principal investigator and research team)*

Persons/organizations receiving the information: *(e.g., study sponsor, CRO, labs, Memorial Health University Medical Center IRB, FDA, OHRP and other applicable oversight groups/agencies; be as specific as possible).*

Specific description of information: *(e.g., include all health, medical, or research information planned to use/disclose, such as subject's history, physical findings, lab test results, etc.; itemize as much as possible)*

This information is being disclosed for the following purposes: *(basic description of study)*

I may revoke this authorization at any time by notifying the principal investigator in writing to the following address: *(insert address)*. If I do revoke my authorization, any information previously disclosed cannot be withdrawn. Once information about me is disclosed in accordance with this authorization, the recipient may redisclose it and the information may no longer be protected by federal privacy regulations.

I may refuse to sign this authorization form. If I choose not to sign this authorization form, my medical care will not be affected; however, I cannot participate in the research study.

This authorization will expire the date the research study ends. *(Other options for expiration include actual date of expiration, occurrence of a particular event, or "none" if the authorization will have no expiration date.)*

I will be given a copy of this authorization form.

\_\_\_\_\_  
Signature of subject or subject's legal representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of subject's representative

\_\_\_\_\_  
Relationship to the patient