AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION FOR RESEARCH PURPOSES

The privacy law, Health Insurance Portability & Accountability Act (HIPAA), protects my individually identifiable health information (protected health information). The privacy law requires me to sign an authorization (or agreement) in order for researchers to be able to use or disclose my protected health information for research purposes in the study entitled *[insert title of study/protocol/project].*

I authorize *[name of investigator]* and their research staff to use and disclose my protected health information for the purposes described below. I also permit my doctors and other health care providers to disclose my protected health information for the purposes described below.

**My protected health information that may be used and disclosed includes:**

*[List all of the protected health information to be collected for this protocol/study such as demographic information, results of physical exams, blood test, X-rays, and other diagnostic and medical procedures as well as medical history.*

**The Investigator, *[name of researcher]* may use and share my health information with:**

* Hanover College’s Institutional Review Board when the researcher or the research site is undergoing Higher Learning Commission or accreditation reviews.
* Government representatives, when required by law
* *[List any collaborators, outside laboratories or research sites, etc.]*
* *[If applicable -- list the sponsor's name]*
* *[List any other groups with whom the information may reasonably be shared]*

**The Investigator, *[name of researcher]*** **intends to use or disclose my health information for the purposes of:**

*[As required by 45 CFR 164.508(c)(1)(iv), describe each purpose of the requested use or disclosure of the protected health information]*

Once my health information has been disclosed to anyone outside of this study, the information may no longer be protected under this authorization.

The investigator(s) *[name of researcher]* and *[list sponsor's name if applicable]* agree to protect my health information by using and disclosing it only as permitted by me in this Authorization and as directed by state and federal law.

**I do not have to sign this Authorization. If I decide not to sign the Authorization:**

* It will not affect my treatment, payment or enrollment in any health plans nor affect my eligibility for benefits.
* I may not be allowed to participate in this research study.

**After signing the Authorization, I can change my mind and revoke the Authorization (not let the researchers disclose or use my protected health information). If I revoke the Authorization:**

* I will send a written letter to: *[name and contact information of research advisor]* to inform them of my decision.
* Researchers may only use and disclose the protected health information **already collected** for this research study.
* My protected health information may still be used and disclosed should I have an adverse event (a bad effect, or experience something unanticipated).
* I may not be allowed to continue to participate in the study.

*Optional item: It has been explained to me that I will not be allowed to review the information collected for the research until after the study is completed. When the study is over, I will have the right to access the information again.*

This Authorization does not have an expiration date.

**If I have not already received a copy of the Privacy Notice, I may request one by contacting the Hanover College Institutional Review Board (IRB). If I have any questions or concerns about my privacy rights, I should contact the Hanover College IRB Chair (IRB@hanover.edu).**

**I am the research participant or am authorized to act on behalf of the research participant. I have read this information, and I will receive a copy of this form after it is signed.**

Participant Name (Printed)

Signature of participant or legal representative Date

Printed name of legal representative (if applicable)

Representative's relationship to research participant (if applicable):