

ANNALS OF FAMILY MEDICINE

Online Supplementary Material

Pace WD, Staton EW, Holcomb S. Practice-based research network studies in the age of HIPAA. *Ann Fam Med*. 2005;3(Suppl 1):S38-S45.

http://www.annfammed.org/cgi/content/full/3/suppl_1/S38

Supplemental Appendix 2. Example of an Authorization for Recruitment

<p>Authorization to Release Health Information About Me for Research Purposes <i>Authorization A: Research Recruitment</i></p>	<p>Research Area:</p> <p>Study Title (if known):</p>
<p>I _____ (<i>Patient's Full Name</i>) authorize _____ (<i>Referring Physician's Name</i>) and staff members of _____ (<i>Facility Name</i>) working for him/her to use or give the following health information about me <u>for the purpose of research recruitment</u>:</p> <p><input type="checkbox"/> Name, Address and/or Phone number <input type="checkbox"/> Other (Specify)</p> <hr/> <p>This information will be given to:</p> <hr/> <p>I give my authorization knowing that:</p> <ul style="list-style-type: none"> • I do not have to sign this authorization. If I do not sign it, my information will not be released for research recruitment. • I can cancel this authorization any time. <ul style="list-style-type: none"> ▪ I have to cancel it in writing. ▪ If I cancel it, the researchers and the people my information was given to may have already used the information, but they will not use it in the future. ▪ I can read the Notice of Privacy Practices at the facility where the research is being conducted to find out how to cancel my authorization. • The records given out to other people may be given out by them and might no longer be protected. • I will be given a copy of this form after I have signed and dated it. <p>This authorization will expire on: _____ OR <input type="checkbox"/> Will not expire</p> <p>ADDITIONAL INFORMATION: _____</p> <hr/> <p>_____ Patient's Signature Date</p> <hr/> <p>_____ Signature of Legal Representative (if applicable) Date</p> <hr/> <p>_____ Name of Legal Representative (please print)</p> <hr/> <p>_____ Description of Legal Authority to Act on Behalf of Patient</p>	

Adapted with permission from the Colorado Multiple Institutional Review Board (COMIRB), <http://comirbweb.uchsc.edu>.