

**AUTHORIZATION TO USE AND DISCLOSE INDIVIDUALLY
IDENTIFIABLE HEALTH INFORMATION FOR RESEARCH PURPOSES**

**HIPAA TEMPLATE: Fill-in study specific information in highlighted areas
Updated, October, 2020**

Purpose

Federal privacy laws protect the use and release of your identifiable health information, which is called **protected health information**. The kinds of **protected health information**

_____ to be collected for the study such as}

- **Example:** Name, Address, Medical Record Number
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The results of this research study might be published in medical papers but no information that identifies you as an individual will be published.

Who will use my protected health information and to whom will it be disclosed?

In addition to the study doctor and the research staff, the following individuals may have access to identifiable information related to your participation in this research study:

List study sponsor(s), funding agency, and/or any collaborators, that are applicable:

- The Food and Drug Administration for the purpose of monitoring the accuracy of the research data, **if applicable**
- The University of South Alabama Health System to include **applicable locations that are selected in IRBNet Application Part A wizard**
- Your medical insurance carrier, to the extent required for payment purposes, **if applicable**.
- The University of South Alabama Research Compliance and Assurance Office may review your protected health information for the purpose of monitoring the appropriate conduct of this research study
- The University of South Alabama Institutional Review Board may review your protected health information as part of its responsibility to protect the rights and welfare of research subjects.
- **WCG IRB may review your protected health information as part of its responsibility to protect**

