

The University of Texas Southwestern Medical Center at Dallas
Children's Medical Center, Parkland Health & Hospital System
Retina Foundation of the Southwest, Texas Scottish Rite Hospital for Children
Zale Lipshy University Hospital, St. Paul University Hospital
The University of Texas Southwestern Moncrief Cancer Center
Presbyterian Hospital of Dallas

Authorization for Use and Disclosure of
Health Information for Research Purposes

NAME OF RESEARCH PARTICIPANT: _____

1. You agree to let The Institute for Exercise and Environmental Medicine at Presbyterian Hospital of Dallas, collect your health information and demographic data for the purpose of the following: IEEM Recruitment Data Base for Future Studies in Human Physiology. **042005-036**

2. You agree to let the Researchers use your health information for research projects that you may qualify for. You also agree to let the Researchers share your health information with others who may be working with the Researchers on the Research Project ("Recipients") as follows:

- The UT Southwestern Institutional Review Board (IRB). This is a group of people who are responsible for assuring that the rights of participants in research are respected. Members and staff of the IRB at UT Southwestern may review the records of your participation in this research. A representative of the IRB may contact you for information about your experience with this research. If you do not want to answer their questions, you may refuse to do so.
- Representatives of the Office of Human Research Protections (OHRP). The OHRP may oversee the Research Project to confirm compliance with laws, regulations and ethical standards.

3. Whenever possible your health information will be kept confidential. Federal privacy laws may not apply to some institutions outside of UT Southwestern. There is a risk that the Recipients could share your information with others without your permission. UT Southwestern cannot guarantee the confidentiality of your health information after it has been shared with the Recipients.

4. You agree to permit the Researchers to use and share your health information as listed below: name, address, phone number, age, medical information from the IEEM Medical History Form, as deemed necessary for the particular research study.

5. The Researchers may use your health information to create research data that does not identify you. Research data that does not identify you may be used and shared by the Researchers (for example, in a publication about the results of the Research Project); it may also be used and shared by the Researchers and Recipients for other research purposes not related to the Research Project.

6. This authorization is voluntary. Your health care providers must continue to provide you with health care services even if you choose not to sign this authorization. However, if you choose not to sign this authorization, you cannot take part in this Research Project.

7. This Authorization has no expiration date.

8. If you change your mind and do not want us to collect or share your health information, you may cancel this authorization at any time. If you decide to cancel this authorization, you will no longer be able to take part in the Research Project. The Researchers may still use and share the health information that they have already collected before you canceled the authorization. To cancel this authorization, you must make this request in writing to:

Benjamin D. Levine, M.D.
Institute for Exercise and Environmental Medicine
7232 Greenville Ave.
Dallas, Texas 75231
214-345-4619

9. A copy of this authorization form will be provided to you.

Signature of Research Participant

Date

For Legal Representatives of Research Participants (if applicable):

Printed Name of Legal Representative: _____

Relationship to Research Participant: _____

I certify that I have the legal authority under applicable law to make this Authorization on behalf of the Research Participant identified above. The basis for this legal authority is:

(e.g. parent, legal guardian, person with legal power of attorney, etc.)

Signature of Legal Representative

Date

