

INTRODUCTION: Emory carries out medical research projects that we call “Studies.” Studies try to improve the way we find, treat, and prevent diseases and conditions. If you agree, Emory researchers will look at your medical record to see if you might be able to be in one or more Studies. The information in your medical record is called Protected Health Information or “PHI.” If you agree, Emory will mark your medical record to indicate that Emory can review your PHI to see if you may be eligible to participate in Studies. If it is determined that you may be eligible, by signing this authorization you agree that Emory can contact you about participating in research Studies.

This form covers all of the different places that are a part of or work with Emory University or Emory Healthcare which we call “Emory” in this form. Emory includes the following: Emory University, Emory Healthcare, Emory University Hospital, Emory University Orthopaedics and Spine Hospital, Emory University Hospital Midtown, the Emory Clinic, Wesley Woods Center, Emory Johns Creek Hospital, Emory Saint Joseph’s Hospital, and Emory Specialty Associates and Emory Select Rehabilitation and Emory Select Outpatient Rehabilitation.

AUTHORIZATION: If you want to let us look at your PHI, we are required by the Health Insurance Portability and Accountability Act (HIPAA) to get your authorization. To give us your authorization, you need to fill out and sign this form. If you sign this form, you give us authorization to use and disclose your PHI to see if Studies can be done. You also give us authorization to mark your record and let us contact you about Studies.

WHAT PHI WILL BE COLLECTED, USED AND DISCLOSED? Emory will look at your medical record that Emory keeps. Your medical record has information about your health, medical problems, and treatment. Some items that are in your medical record are contact information, diagnosis, birthdate, age, treatment dates, doctors, test results, and treatment results.

WHO WILL USE AND DISCLOSE MY PHI AND WHAT WILL THEY DO WITH IT?

- Emory Healthcare providers, researchers, and other health care professionals who help them will look at your PHI. They will put a marker on your PHI. The marker lets them know they can review your PHI to see if you may be eligible to participate in studies and to contact you about being in Studies.
- People who oversee Studies at Emory will use and disclose your PHI to make sure things are being done correctly.
- People, government agencies and groups that regulate Emory may use and disclose your PHI to make sure things are being done correctly.

WILL THIS AUTHORIZATION EXPIRE? This authorization will not expire because it is for research.

CAN I REVOKE THIS AUTHORIZATION? You can revoke (“cancel”) this authorization at any time. To cancel, you need to fill out an Authorization to Revoke form and send it to Emory Healthcare Medical Records. Information on the process and how to access the form is included on the Information Sheet. If you cancel your authorization, Emory will still be able to use and disclose the PHI that it received before you cancelled.

DO I HAVE TO SIGN THIS AUTHORIZATION? You do not have to sign this authorization. If you do not sign it, you can still get medical care at Emory.

WILL I BE PAID FOR SIGNING THIS AUTHORIZATION? **No.** You will not be paid for the use or disclosure of your PHI.

OTHER THINGS YOU SHOULD KNOW: Not everyone is covered or required to abide by HIPAA. HIPAA applies only to health care providers, health care payers or health care clearinghouses. In any encounter with Emory if we were to disclose your PHI to people who are not covered by HIPAA, then your information won't be protected under HIPAA privacy requirements. People who aren't covered by HIPAA laws can use or disclose your information without your permission.

RELEASE AND WAIVER: The PHI you let us look at might have some information that has special legal protections called "privilege," which means that information cannot be used as evidence in a court. Some types of information that have privilege protections include information about mental illness or psychiatric or psychological treatment. Other types of information that might have privilege protections include information about drug or alcohol use, or tests and treatment for certain infectious diseases. These diseases include AIDS, ARC (Immunodeficiency Syndrome Related Complex), HIV, venereal disease, TB or hepatitis. If your PHI has any of these types of information, when you sign this form you waive any privilege for the documentation to be viewed by Emory researchers. We will be able to use the information for the purposes listed in this form.

SIGNATURE(S):

For Patients 18 years of age and older:

Signature of Patient (or Patient's Legally Authorized Representative)

Date

If you are a Legally Authorized Representative, you need to print your name below and let us know why you are allowed to sign for the patient.

