



HIPAA AUTHORIZATION TO USE OR DISCLOSE (RELEASE) YOUR HEALTH
INFORMATION FOR A RESEARCH STUDY

Instructions for Filling Out the HIPAA Authorization Form
(Please remove this page before presenting authorization to



Protected Health Information (PHI) Under HIPAA Law

- | | |
|--|--|
| <input type="checkbox"/> Name | <input type="checkbox"/> Vehicle identifiers and serial numbers, including license plate numbers |
| <input type="checkbox"/> Home Address | |
| <input type="checkbox"/> All elements of dates (except year) for dates | |



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The health information listed above may be used by and/or disclosed (released) to entities checked below):

- Wichita State University Institutional Review Board for oversight purposes ()
- Study Sponsor: LC Industries/Envision Research Institute
- Office of Human Research Protection (OHRP) in the US Department of Health and Human Services (DHHS) for safety, efficacy, and compliance reports ()
- Food and Drug Administration Board 2.42 I h S Q EM9 0 T Tj 0.0



HIPAA AUTHORIZATION TO USE OR DISCLOSE (RELEASE) YOUR HEALTH INFORMATION FOR A RESEARCH STUDY

Signature of Individual (if 18 years of age or older): _____

Signature of Parent or Legal Representative (if applicable): _____

Relationship to Individual, if not signed by Individual: _____

Date _____