

**PENNINGTON BIOMEDICAL RESEARCH CENTER (PBRC)**

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**AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION  
FOR REDCap PURPOSES**

PBRC uses the REDCap system (“REDCap”) to obtain information from potential participants in clinical research studies (“Research Studies”) who voluntarily submit health information subject to certain privacy protections under state and federal law.

I hereby request and authorize the PBRC to use and disclose the protected health information entered into the PBRC REDCap system.

Specifically, I request and authorize any part of my health information entered into the REDCap System to be used and/or disclosed in connection with the PBRC Research Study in which I am participating.

I understand that the information indicated above will be:

- Used by employees of PBRC including researchers and treatment providers, and/or other members of its workforce.
- Disclosed to government officials or government agencies, study sponsors, study monitors, or others responsible for oversight of a Research Study.

I understand that by marking the “I understand and agree checkbox,” I will allow PBRC and its researchers to use or disclose my health information in connection with Research Study. I understand that any privacy rights not specifically mentioned in this Authorization are contained in the PBRC Notice of Privacy Practices provided through REDCap. I understand that by marking the “I understand and agree checkbox” I am acknowledging receipt of the PBRC Notice of Privacy Practices.

I understand that I may revoke this authorization at any time, except to the extent that PBRC has already relied on the authorization, by sending a written notice to the contact person listed below. I understand that if my information already has been included in a research database or registry, PBRC considers itself to have relied on it, and therefore my information will not be removed from those repositories.

Manager of Medical Records  
6400 Perkins Road  
Baton Rouge, LA 70808  
225-763-2670

Unless otherwise revoked, I understand that this authorization will not expire during the life of the Study.

I understand that if I do not sign this authorization I will not be able to participate in the REDCap process, but may call 225-763-3000 to further discuss my potential participation in Research Studies.

While a Research Study in which I participate is in progress, my right to access any research records or results that are maintained by PBRC may be suspended until the Research Study is over. If my access is denied, I understand that it will be reinstated at the end of the Research Study.

I understand the information disclosed by this authorization may be subject to re-disclosure by the recipient and no longer be protected by the Health Insurance Portability and Accountability Act. PBRC, its employees,

officers, and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent authorized herein.

I UNDERSTAND THAT THIS AUTHORIZATION SUPERSEDES ANY CONTRARY INFORMATION IN ANY OTHER DOCUMENTS I HAVE SIGNED.

**Authorization for Future Research Projects (Optional)**

I understand that by marking the “I understand and agree checkbox for future research,” I will allow PBRC and its researchers to use or disclose my health information for an indefinite period of time and to use it for research at a later time. I understand that the future research may take place at PBRC and may involve PBRC researchers in this study. I further understand that the future research may not take place at PBRC and may not be reviewed by PBRC’s Institutional Review Board.

I understand that use and disclosure of my health information in future research projects shall be governed by and be subject to all terms and conditions contained in this authorization, including without limitation, the type of health information that may be used and disclosed, the purposes for which it may be used and disclosed, the class of persons to whom it may be disclosed, revocation procedures, and any and all other terms and conditions of this authorization. I understand that my authorization for future research projects is optional, and does not affect my authorization regarding the specific research project identified above.

+++++Please print a copy of this document for your records+++++