

*IRBwatch says: This is text required by an IRB for inclusion in a HIPAA consent form. Do you think an average person will understand what they are agreeing to? Do you understand it? If you think you do, does it mostly protect the human research participant, or the research institution?( Incidentally, Word computes that this is at 12-th grade reading level).*

I hereby authorize the use or disclosure of my individually identifiable health information. I may withdraw this authorization at any time by notifying the Principal Investigator in writing. The address for the Principal Investigator is **(insert address here.)** If I do withdraw my authorization, any information previously disclosed cannot be withdrawn and may continue to be used. Once information about me is disclosed in accordance with this authorization, the individual or organization that receives this may redisclose it and my information may no longer be protected by Federal Privacy Regulations. I may refuse to sign this authorization form. If I choose not to sign this form, I cannot participate in the research study. *Refusing to sign will not affect my present or future medical care and will not cause any loss of benefits to which I am otherwise entitled.* This authorization will expire on the date the research study ends. **(Other options include actual date of expiration, occurrence of a particular event, or “none”, [meaning the authorization will have no expiration date].)** I will be given a copy of this signed authorization form.