UNIVERSITY OF MINNESOTA

**HEALTH INFORMATION AUTHORIZATION FORM**

**STUDY:** Click or tap here to enter text.

1. **What is the purpose of this form?**

The purpose of this form is to tell you what health information we will collect from you in this study, how we will share it, what your rights are, and to get your approval to share your information for our study. We are required by law to have you sign this form.

We are asking you to be part of a research study described in a separate Consent Form. The Consent Form explains in more detail how we will collect information and what information we will collect about your health for our study.

There are laws that protect the health information we collect from you as part of any research study. Those laws say we can only use information about you if you agree to let us use it. If you sign this Health Information Authorization Form, you are agreeing to let us use and share your information in ways described here and in the Consent Form.

# What kind of health information will be used for the research study?

The information we will use is described in the Consent Form, and includes things like your answers to the questions we will ask you, and information collected during any visits with you. There could be other parts of the study that you choose to be in, all described in the Consent Form. Any information that you share in those parts of the study will also be used. The research team will **NOT** collect any information from your medical or healthcare records. The research team will **NOT** place any information collected from you for the research study in your medical or healthcare records.

# Who will see my information?

*Your information will be shared with:*

* The research team
* Other people at the University of Minnesota and its partners who support the research team, like people who:
  + store and secure your information in our computers,
  + help the research team organize the research information,
  + set up any appointments or meetings we might have with you, and
  + help make payments to you if you are getting paid to take part in the research

*Your information might also be shared with:*

* Other people at the University of Minnesota and its partners such as:
  + People who supervise the research team and its research, like people who check to make sure the research is done the right way and follow the laws and rules about research
* Other people outside of the University of Minnesota such as:
  + People who help make sure the laws and rules about research are being followed, like the Office of Human Research Protection and the Office of Research Integrity
  + People who are working with the research team, like other universities or community organizations
  + People who give money to support the research, called “sponsors.” The sponsor usually only sees a summary of information, but there might be times the sponsor sees information that could make it known who you are
  + People who help process payments to you, if you are getting paid to participate in the research
  + People who are listed in the Consent Form

You should know that when we share your information with others beyond the University, they might not have to follow the same laws that the University does about protecting your information.

# Do I have to sign this Form?

No, you don’t have to sign this Form. But if you don’t sign this Form, you will not be able to be in this research study. If you don’t sign the Form, it will ***not*** change:

* any other relationship you have with the University, like getting healthcare or medical treatment at the University or at any of its partners
* anything about your health insurance, like getting enrolled in a health plan or getting benefits from a health plan

# Will I be able to look at the information you collect from me?

If you want to see the information we collect from you, you can ask us to share it with you. It’s possible that we will not be able to share the information with you, at least until the research is finally done.

# Does this Form expire, or end, at some point in time?

No, there is no expiration or end date.

# What if I sign this Form, but then change my mind and decide I don’t want you to use my information?

You can change your mind at any time. If you change your mind, you need to contact us using the contact information below. If you contact us to tell us you’ve changed your mind, you will no longer be in the research study. If you are no longer in the research study, we will not collect any more information from you, but any information we have already collected can still be used for the research study.

# Research Team Contact Information

Here is how you can contact us:

Research Team Contact Person Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Email: Click or tap here to enter text.

Phone: Click or tap here to enter text.

# SIGNATURE

If you agree to let us use your information as explained in this Form, please print your name and sign and date below. We will give you a signed copy of this form.

Click or tap here to enter text.



Research Participant Name (Printed)

Click or tap here to enter text.



Research Participant Signature Date



# USE THE FOLLOWING SIGNATURE LINES AS NEEDED

**Parent or Legally Authorized Representative**

If you agree to let us use the information of the research participant as explained in this Form, please print your name and sign and date below.

Click or tap here to enter text.

Parent or Legally Authorized Representative’s Name (Printed)

Click or tap here to enter text.



Relationship to the Research Participant

Click or tap here to enter text.

Parent or Legally Authorized Representatives Signature Date

# Witness or Interpreter

My signature below documents that the information in this Form was accurately explained or read to, and apparently understood by, the research participant, and that authorization was freely given by the participant.

Click or tap here to enter text.

Witness or Interpreter Name (printed)

Click or tap here to enter text.

Witness or Interpreter Signature Date