

**AUTHORIZATION TO USE AND DISCLOSE INDIVIDUALLY  
IDENTIFIABLE HEALTH INFORMATION FOR RESEARCH PURPOSES**

**HIPAA TEMPLATE: Fill-in study specific information in highlighted areas  
Updated, October, 2020**

**Purpose**

Federal privacy laws protect the use and release of your identifiable health information, which is called **PHI**. The kinds of **identifiable health information**

\_\_\_\_\_ to be collected for the study such as]

- **Example:** Name, Address, Medical Record Number
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The results of this research study might be published in medical papers but no information that identifies you as an individual will be published.

**Who will use my protected health information and to whom will it be disclosed?**

In addition to the study doctor and the research staff, the following individuals may have access to identifiable information related to your participation in this research study:

*List study sponsor(s), funding agency, and/or any collaborators, that are applicable:*

- The Food and Drug Administration for the purpose of monitoring the accuracy of the research data, **if applicable**
- The University of South Alabama Health System to include **applicable locations that are selected in IRBNet Application Part A wizard**
- Your medical insurance carrier, to the extent required for payment purposes, **if applicable**.
- The University of South Alabama Research Compliance and Assurance Office may review your protected health information for the purpose of monitoring the appropriate conduct of this research study
- The University of South Alabama Institutional Review Board may review your protected health information as part of its responsibility to protect the rights and welfare of research subjects.
- **WCG IRB may review your protected health information as part of its responsibility to protect**

