



HIPAA RIDER

Patient Name:

AUTHORIZATION TO ACCESS PROTECTED HEALTH INFORMATION FOR RESEARCH

Under federal privacy laws, you have the right to say who can have your personal information. This may include your medical condition, treatment and payment. This information is called "protected health information" or PHI. These laws say that your PHI cannot be given to researchers unless you give your authorization (permission). If you sign this form, you will allow East TN Children's Hospital and staff to use, and give to researchers, your PHI. This may include:

- Your medical history
- Your physical findings
- Your laboratory and procedure results
- Your race

This information will be used as described earlier.

Organizations that may look at and/or copy your research or medical records for research, quality assurance and data analysis include groups such as:

- **Children's Oncology Group**
- **Representatives of the National Cancer Institute (NCI), Food and Drug Administration (FDA), and other U.S. and international governmental regulatory agencies involved in overseeing research**
- **The Institutional Review Board of this hospital**
- **Pediatric Central Institutional Review Board (CIRB) of the National Cancer Institute**
- **Any drug company supporting the study or their designated reviewers.**

These groups agree to keep your information private. However, complete confidentiality cannot be guaranteed. Also, if required by law, the sponsor and government agencies may continue to look at your medical records. These agencies may continue looking at the quality or safety of the study.

Whom do you call if you have questions or problems?

For questions about the study or if you have a research-related problem or if you think you have been injured, you may contact the study investigator

If you have any questions or concerns that you feel you would like to discuss with someone who is not on the research team, you may also call the Office of Patient Experience at (865) 541-8586.

If you have questions about your rights as a research participant or any problems that you feel you cannot discuss with the investigators, or have any research related issue, you may reach the Chairman of the Institutional Review Board of East Tennessee Children's Hospital, through the secretary, at (865) 541-8477. The Institutional Review Board is a group of people who review the research study to protect your child's rights.

Right not to sign or to cancel use or release of your PHI:

You have the right to sign or not sign this form. If you choose not to sign, you will not be able to take part in this research study. Even if you sign this form now, you may still withdraw your permission at any time by telling your doctor in writing. If you decide to withdraw your permission, you may no longer be in the research study. Any information that has already been collected and shared about you may keep being used. The choice you make about this will not change your ability to get medical care.

Your right to see your PHI used in this research study may be temporarily stopped while the research is in progress. When the research is finished, you may see your research record according to hospital policy. You will always be able to see your regular medical record.

How long will your PHI be used:

Your PHI will be used indefinitely, unless you withdraw your permission.



HIPAA RIDER

Patient Name: _____

Participant

Date

Parent/ Legal Guardian

(Relationship with patient)

Date

Parent/ Legal Guardian

(Relationship with patient)

Date

Assent of minor (if subject is 14-17 yrs. old)

Date

Person Obtaining Consent

Date

Signature of Interpreter (if used)

Date

Signature of Witness

Date

Signature of Physician/ PNP obtaining consent

Date

Signature of Physician/ Investigator obtaining Assent from child
(7-17) years old

Date