UH additions to Sterling Authorization language (highlighted)

During your participation in this research study, the study doctor and study staff will collect or create personal health information about you (for example, medical histories, photographs, and results of any tests, examinations or procedures you undergo while in the study) and record it on study forms. The study doctor will keep this personal health information in your study-related records (that we will refer to as “your study records”). In addition, the study doctor may obtain, and include in your study records, information regarding your past, present and/or future physical or mental health and/or condition. Special permission is required to release drug, alcohol, and substance abuse records, HIV/AIDS-related information, genetic information and mental health information. These kinds of records will not be used or disclosed in this study.

Your study doctor may ask you to sign a separate authorization to obtain some or all of your medical records from your doctor. Your study records may include other personal information (such as social security number, medical record numbers, date of birth, etc.), which could be used to identify you. Health information that could identify you is called “Protected Health Information” (or “PHI”).

Under federal law (the “Privacy Rule”), your PHI that is created or obtained during this research study cannot be "used" to conduct the research or “disclosed” (given to anyone) for research purposes without your permission. This permission is called an “Authorization”. Therefore, you may not participate in this study unless you give your permission to use and disclose your PHI by signing this Authorization. By signing, you are agreeing to allow the study doctor and staff to use your PHI to conduct this study.

By signing this Authorization, you also are agreeing to allow the study doctor to disclose PHI in electronic, paper, or other form as described below: