AUTHORIZATION TO USE or SHARE HEALTH INFORMATION[1] THAT IDENTIFIES YOU FOR REPOSITORY RESEARCH

An Informed Consent Document for Research Participation may also be required.
A different form must be used for research involving psychotherapy notes.

Title of Research Project: Registry of Volunteers Interested in Participating in Diabetes Research Studies

Leader of Research Team: James T. Lane, MD - Investigator and Jonea Lim, MD - Co-Investigator

Address: 1000 N. Lincoln Blvd., HHDC 1000; Oklahoma City, OK 73104

Phone Number: 405-271-3604 during the work day or the University Hospital Operator at 405-271-5656 at any time.

Purpose of Repository: Collection of PHI (protected health information) demographic information (name, gender, date of birth, race, ethnicity, and contact information) and patient medical history, including type of diabetes, year of diabetes onset, method of treatment, medications, smoking history, and conditions of high blood pressure and high cholesterol for entry into a registry for pre-screening of individuals interested in participating in diabetes research. The information will be used to identify patients who might be eligible for specific clinical and basic science studies. You may be contacted and invited to participate in some of these studies. In that case, the specific study will be explained to you, and you will have the opportunity to decide whether or not to participate.

If you decide to participate in this Research Repository, the Repository may keep information about you that identifies you (protected health information) and share it with researchers who study medical conditions and diseases. Protected health information will be called PHI in this document.

What is a Research Repository? A Research Repository (data bank) is a collection of information from the health and medical records of many individuals and can sometimes include the collection of identifiable tissue specimens. The Repository (data bank) shares the information with researchers who study medical conditions and diseases.

[1] **Protected Health Information includes all identifiable information relating to any aspect of an individual's health whether past, present or future, created or maintained by a Covered Entity.**

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The Repository (data bank) includes codes that identify each person whose information is collected. However, the Repository does not share information with researchers unless the researchers promise to keep the information confidential.

PHI To Be Kept, Shared, and Used. Government rules require that the Repository get your permission (authorization) to keep your private information and share it with researchers to use for their research. If you give permission, the Repository will keep your medical records, test results, and other private information and share it with researchers to use for their research. The information to be kept, shared, and used includes: demographic information (name, gender, date of birth, race, ethnicity, and contact information) and basic patient medical history, including type of diabetes, year of diabetes onset, method of treatment, medications, smoking history, and conditions of high blood pressure and high cholesterol. Information used or shared also will be or might be personal information such as your name, address, telephone number, date of birth, race, government-issued identification number, medical records, and charts relating to any tests or procedures outlined in the informed consent form.

Purposes for Using or Sharing Private information. If you give permission, the researchers will use your PHI to: determine if you qualify for specific ongoing basic and clinical research and contact you for participation in such research.

Other Use and Sharing of PHI. If you give permission, the researchers could also use your PHI to develop new procedures or commercial products. They could share it with the research sponsor, the University of Oklahoma Health Sciences Center (OUHSC) Institutional Review Board, auditors and inspectors who check the research, and government agencies like the Food and Drug Administration (FDA) and the Department of Health and Human Services (HHS). The researchers may also share your PHI with: designated researchers within the Harold Hamm Diabetes Center (HHDC) who are involved in various clinical or basic science studies. In this case, you will be offered a separate informed consent specifically designed for the particular study .

Confidentiality. Although the researchers will report their findings in scientific journals or meetings, they will not identify you in their reports. The Repository and the researchers will try to keep your information confidential, but confidentiality cannot be guaranteed. The law does not require everyone who might see your information covered by this document to keep it confidential, so it might be released to others and federal law may no longer protect it.

YOU UNDERSTAND THAT YOUR PROTECTED HEALTH INFORMATION MAY INCLUDE INFORMATION REGARDING A COMMUNICABLE OR NONCOMMUNICABLE DISEASE.

Voluntary Choice. The choice to give OUHSC researchers and the Repository permission to keep and share your PHI with researchers is voluntary. It is completely up to you. No one can force you to give permission. However, you must give permission for the Repository to keep your PHI and share it with researchers to use in their research if you want to participate in the Repository.

Refusing to give permission will not affect your ability to get usual treatment or health care unrelated to this study from OUHSC.

Canceling Permission. If you give the Repository or OUHSC researchers permission to keep and share your PHI, you have a right to cancel your permission whenever you want. However, canceling your permission will not apply to information that the Repository has already shared or researchers have already used, or to information necessary to maintain the reliability or integrity of this research.

End of Permission. Unless you cancel it, permission for the Repository to keep and share your PHI with researchers will never end**.**

Contacting OUHSC. You may find out if your PHI has been shared, get a copy of your PHI, or cancel your permission at any time by writing to:

Privacy Official
University of Oklahoma Health Sciences Center
PO Box 26901, Oklahoma City, OK 73190

or

Privacy Board
University of Oklahoma Health Sciences Center
PO Box 26901, Oklahoma City, OK 73190

If you have questions, call: (405) 271-2511 or (405) 271-2045.

Access to Information. You have the right to access the medical information that has been collected about you as a part of this research study. However, you may not have access to this medical information until the entire research study is completely finished. You consent to this temporary restriction.

Giving Permission. By signing this form, you give OUHSC and the Research Team Leader of the study listed at the top of this form, which includes a Repository, permission to keep your PHI and share it with researchers to use in their research.

Patient/Participant Name (Print): _____

_____ _____
Signature of Patient-Participant Date
or Parent if participant is a minor

Or

_____ _____
Signature of Legal Representative** Date

**If signed by a Legal Representative of the Patient-Participant, provide a description of the relationship to the Patient-Participant and the authority to act as Legal Representative:

_____
OUHSC may ask you to produce evidence of your relationship.

A signed copy of this form must be given to the Patient-Participant or the Legal Representative at the time this signed form is provided to the researcher or his representative.

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