ARROWHEAD REGIONAL MEDICAL CENTER

The Heart of a Healthy Community

Unique Medical Case - Consent Form

STUDY TITLE:

PRINCIPAL INVESTIGATOR:

Your health information and records are protected by the Federal Health Insurance Portability and Accountability Act (HIPAA). However, if you agree to these terms of publication, you are authorizing the presenting physician, ARMC's Institutional Review Board, or any other applicable regulatory agency, to view, gather, and copy your protected health information (PHI) as it relates to reporting your unique medical case for research and education purposes. Health information about you will *only* be used and disclosed for the above stated purposes. Whenever possible, your name or any identifying information will not be used.

By signing this form, you are giving permission for the above use and disclosure of your PHI for reporting your unique medical case for research and education purposes. Dr., who is affiliated with Arrowhead Regional Medical Center is primarily responsible for the presentation of this case study, and can be reached at 909-580-1000. You will receive a signed copy of this form and one will be kept with your records.

You may take away this authorization to use and share your health data at any time by writing to the study doctor. No new PHI will be gathered or used after that date, however information gathered prior to that date, is subject to use in the report.

Patients MRN#

Patient's Printed Name	Signature	Date of Signature

Principal Investigator	Signature	Date of Signature