Unique Medical Case – Authorization Form
Permission for Use or Disclosure of Protected Health Information for Case Study

STUDY TITLE:

PRINCIPAL INVESTIGATOR:

You are being asked to allow information about your hospital stay and/or treatment of your condition to be used to write what is a called a case study. A case study is generally used to share new or unique information experienced by one patient during their clinical care with physicians.

If you sign this authorization, information from your medical record will be collected to write a case study on your clinical presentation, course, and treatment, and the Principal Investigator will publish or present the case study in a medical journal or at an upcoming conference/educational event.

The protected health information that is needed for this case study includes:*(Principal Investigator, please check below specifically the PHI at issue. Please modify and/or remove types of data to tailor the form to the specific conditions of this case report,* ***please remove this instruction on the final form as well****).*

☐ Personal demographic information

☐ History and diagnosis of your medical condition

☐ Specific information about the treatments you will receive or have received, including treatment(s) you may have had in the past

☐ Information about other medical conditions that may affect your treatment

☐ Medical data including laboratory test results, results of tests measuring organ function (e.g., kidney, heart, lung), results from radiology scans, pathology or other test results

☐ Long-term information about your general health status and the status of your medical condition

☐ HIV status

☐ Psychotherapy notes

☐ Information on mental health diagnosis and treatment

☐ Other (list): _____

By signing this form, you give permission for the following persons, groups, or organizations to use or disclose (release) your protected health information for the case study described in this form:

1. Arrowhead Regional Medical Center
2. [Name of Principal Investigator] and his/her staff

When the case study is published or presented, your identity will not be disclosed. Any photos or images used in the case study will not contain any identifiable information about you.

What are the possible risks involved with this case study?

Identifiable information that is not essential to the case study will not be included. However, there is a small risk associated with this case study that could result in a loss of confidentiality by virtue of your unique clinical presentation.

Taking part in this case study is completely voluntary. You may choose not to take part, or you may change your mind at any time. However, once the case study is published or presented, it will not be possible for you to withdraw your authorization. Your decision will not result in any penalty or loss of benefits to which you are entitled, including the quality of care you receive.

What are the possible benefits involved with this case study?

You will not directly benefit from participating in the case study. However, the information that can be shared with other health care professionals may improve future patient care. Allowing your information to be used in this case study will not involve any additional costs to you. You will not receive any compensation for participation.

You will receive a signed copy of this authorization and one will be kept with your records.

You may revoke this authorization to use and share your information at any time by writing to the Principal Investigator. No new protected health information will be gathered or used for the case study after that date; however, information gathered prior to that date, is subject to use in the case study.

If you have any questions about the case study, you can reach [Enter Principal Investigator Name] at [Enter phone number].

Patient MRN#:		
Patient's Printed Name	Signature	Date of Signature
Principal Investigator	Signature	Date of Signature