Permission to Use, Create or Share Health Information for Research

Research Study Title: The Bastyr Integrative Oncology Outcomes Study: Evaluating Outcomes in Patients Receiving Integrative Oncology Care
(IRB# 09E-1237-00)

Federal law requires hospitals, researchers, and health care providers to protect the privacy of health information about you. You will receive a copy of Bastyr's "Notice of Privacy Practices." This Notice will explain what Bastyr does with information about you. It will explain your privacy rights. If you have not received this notice, please ask the researcher to provide you with one.

If you agree to take part in this research study (title above), we will use and share health information as part of this research. Federal law requires that we obtain your permission before we use, create or share your health information as part of this research. This permission is called an authorization. This form provides you information to decide if you will give such permission. Please read this permission form carefully.

How We May Use Or Create Health Care Information About You

We may review your medical records. We may ask you questions about your health. We may want to talk with your doctors about your health. We use this information to make sure it is safe for you to be in this research study. We may create new health care information about you. This will only include the results of tests, exams, interviews that we do as part of the research.

How We May Share Health Care Information About You

We may also need to share health information about you with others. We may need to share information to meet legal and accreditation standards. We may need to share information about risks or safety to prevent harm to others. We may need to share information for treatment, payment or clinic operations. Besides the researchers, we may share health information about you with the following:

1. The sponsor of this study. Sponsor Name: Bastyr University
2. Data Safety and Monitoring Officers. These are individuals responsible for the safety of research participants taking part in this study.
3. The Institutional Review Board at Bastyr. This committee is responsible for protecting the rights of children and families taking part in research.
4. Your health care insurance company.
5. Agencies that accredit Bastyr University.
6. Bastyr University staff responsible for improving our programs, services, and care. We call this quality improvement.
7. Other health care providers involved in your care.
8. Government agencies in the U.S. or other countries that have authority over research, patients, or health care providers, such as the Department of Health and Human Services, or the U.S. Food and Drug Administration.
9. Other, please describe: none
Some of the groups listed above may share information about you with others if required by law. These other groups may not be required to follow the federal privacy rules. However, there are other rules that protect the privacy of these records.

During the research, some of the research records kept at Bastyr may not be available to you while the study is going on. This does not affect your right to see what is in your medical records.

Permissions to Take Part in Research

To be in this research study, you must agree to participate. If you agree you will be asked to sign a research consent form. The consent form describes the risks and benefits of the research, the purpose of the study, what will happen and other important information for you to know.

To be in this research study, you must also sign this Permission to Use, Create or Share Health Information for Research form. If you revoke (cancel) your permission, you may not continue in the study. If you choose not to give permission or you revoke your permission later, this will not affect your care and treatment at the Bastyr Center for Natural Health.

How Long the Permission Lasts and What if You Change Your Mind

This permission will not expire, unless you change your mind. If you change your mind, you must let us know in writing. Write to: Barbara Osborne, Research Nurse, 14500 Juanita Drive NE, Kenmore, WA 98028.

If you cancel your permission, no other health information about you will be created or obtained for this research. However, health information we received during the time we had your permission may be shared or used. We may need to use or share this information about you for safety reasons. We may need to use or share this information in order to verify the research data. We may need to share or use this health information if required by law.

If you agree to take part, you will be given a copy of this permission form after you have signed it.

Permission
I agree to the use, creation, or sharing of my health information for purposes of this research study.

Printed Name of Research Participant  Signature of Research Participant  Date

Signature of Participant’s Legal Guardian  Date

Copies Must Be Provided to: Research Participant/Parent; Researchers’ file