

Health Care Privacy Compliance Handbook, 3rd Edition 4—Appendix E: Authorization to Use Protected Health Information for Research Databases and Repositories Maintained by [Covered Entity]

PROTOCOL TITLE: _____

PROTOCOL NUMBER: _____

PRINCIPAL INVESTIGATOR: _____

This form and the attached informed consent form need to be kept together.

I authorize [Covered Entity] to use my protected health information (PHI), as more fully described below, for the purpose of including my PHI in a research database or repository that will be maintained by [Covered Entity].

My PHI included in the research database or repository may be used for future research as described in the attached informed consent form. I understand that my PHI that is included in the research database or repository will identify me, and that when it is used for future research it may or may not include information that identifies me. Information that does not identify me is called “de-identified information.”

This document is only available to subscribers. Please log in or purchase access.

[Purchase Login](#)