

**PENNINGTON BIOMEDICAL RESEARCH CENTER (PBRC)**

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**AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION  
FOR WEBSCREENING PURPOSES**

PBRC uses a webscreener program ("Webscreener") to obtain information from potential participants in clinical research studies ("Research Studies") who voluntarily submit health information subject to certain privacy protections under state and federal law.

I hereby request and authorize the PBRC to use and disclose the protected health information entered into the PBRC Webscreener.

Specifically, I request and authorize any part of my health information entered into the Webscreener to be used and/or disclosed in connection with PBRC Research Studies.

I understand that the information indicated above will be:

- Used by employees of PBRC including researchers and treatment providers, and/or other members of its workforce.
- Disclosed to government officials or government agencies, study sponsors, study monitors, or others responsible for oversight of a Research Study.
- Sent to collaborating researchers outside PBRC when this Webscreener is used to screen for multiple enrollment sites.

Sent to collaborating researchers outside PBRC when this Webscreener is used to screen for multiple enrollment sites. I understand that by marking the "I understand and agree checkbox," I will allow PBRC and its researchers to use or disclose my health information in connection with Research Studies. I understand that any privacy rights not specifically mentioned in this Authorization are contained in the PBRC Notice of Privacy Practices provided through the Webscreener. I understand that by marking the "I understand and agree checkbox" I am acknowledging receipt of the PBRC Notice of Privacy Practices.

I understand that I may revoke this authorization at any time, except to the extent that PBRC has already relied on the authorization, by sending a written notice to the contact person listed below. I understand that if my information already has been included in a research database or registry as part of the

recruiting/webscreening process, PBRC considers itself to have relied on it, and therefore my information will not be removed from those repositories.

Manager of Medical Records  
6400 Perkins Road  
Baton Rouge, LA 70808  
225-763-2670

Unless otherwise revoked, I understand that this authorization will not expire during the life of the Webscreener.

I understand that if I do not sign this authorization I will not be able to participate in the Webscreener process, but may call 225-763-3000 to further discuss my potential participation in Research Studies.

While a Research Study in which I participate is in progress, my right to access any research records or results that are maintained by PBRC may be suspended until the Research Study is over. If my access is denied, I understand that it will be reinstated at the end of the Research Study.

I understand the information disclosed by this authorization may be subject to re-disclosure by the recipient and no longer be protected by the Health Insurance Portability and Accountability Act. PBRC, its employees, officers, and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent authorized herein.

I UNDERSTAND THAT THIS AUTHORIZATION SUPERSEDES ANY CONTRARY INFORMATION IN ANY OTHER DOCUMENTS I HAVE SIGNED.

+++++Please print a copy of this document for your records+++++

This notice is effective as of May 14, 2013.

Date of Last Revision: 5/1/2022

PBRC to use and store my Protected Health Information