



## Patient Authorization for Release of Protected Health Information Records for Research Study

### Information to Be Released

Information covered by this authorization includes:

***Office Notes and office testing***

***This Release allows Dr. Abo Auda to use, disclose or otherwise release health information that identifies you for purposes of a research study conducted by or on behalf of the above-named entity. This does not mean you are enrolled in a study or participating, this just gives the right to see if you may qualify, if you were to qualify Dr. Abo Auda would discuss details with you at that time.***

To maintain the integrity of this research study, you generally will not have access to your personal health information related to this research until the study is complete. At the conclusion of the research and at your request, you generally will have access to your health information that Dr. Abo Auda maintains in a designated record set, which means a set of data that includes medical information or billing records used in whole or in part by your doctor or other health care providers to make decisions about individuals.

No publication or public presentation about the research described above will reveal your identity without another specific authorization from you. If all information that does or can identify you is removed from your health information, the remaining information is no longer subject to this authorization and may be used or disclosed for other purposes.

**If you revoke this authorization, you may no longer be allowed to participate in the research described in this Authorization.**

**By my signature below I give permission to release the specified information for research study purposes.**