

PENNINGTON BIOMEDICAL RESEARCH CENTER (PBRC)

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

PBRC uses a webscreener (internet) program (“Webscreener”) to gather information from possible patients in the Pennington Diabetes Clinic who submit health information voluntarily that is bound by certain privacy protections under state and federal law.

I voluntarily authorize (give okay) in writing for the Pennington Diabetes Clinic to use and disclose (share) the protected health information entered into the PBRC Webscreener.

Specifically, I voluntarily authorize (give my okay) in writing for any part of my health information entered into the Webscreener to be used and/or disclosed (shared) in connection with the Pennington Model Diabetes Clinic.

I understand that the information listed above will be:

- Used by employees of PBRC including researchers and treatment providers, and/or other members of its workforce.
- Disclosed (shared) to government officials or government agencies, program sponsors, program monitors, or others responsible for oversight of the Pennington Diabetes Clinic.

I understand that by marking the “I understand and agree checkbox,” I will allow PBRC and its medical team and researchers to use or disclose (share) my health information in connection with the Pennington Diabetes Clinic. I understand that any privacy rights not spelled out in this Authorization are contained in the PBRC Notice of Privacy Practices sent through the Webscreener. I understand that by marking the “I understand and agree checkbox” I am saying I received and understand the PBRC Notice of Privacy Practices.

I understand that I may take back this authorization (written okay) at any time, except to the extent that PBRC has already relied on the authorization (written okay), by sending a written notice to the contact person listed below. I understand that if my information already has been included in a database or registry as part of the 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 taken back, I understand that this authorization (written okay) will not expire during the life of the Webscreener and the Pennington Diabetes Clinic.

I understand that if I do not sign this authorization (written okay) I will not be able to do the Webscreener process, but may call 225-763-3000 to discuss how I could attend the Pennington Diabetes Clinic.

I understand the information shared by this authorization (written okay) may be shared again by the person that received it and no longer be protected by the Health Insurance Portability and Accountability Act (HIPAA). PBRC, its employees, officers, and physicians are hereby released from any legal responsibility or liability for disclosure (sharing) of the above information to the extent I give written permission herein.

I UNDERSTAND THAT THIS WRITTEN PERMISSION TAKES THE PLACE OF ANY CONTRARY INFORMATION IN ANY OTHER DOCUMENTS I HAVE SIGNED.

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