

# Research Data Usage agreement

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## AUTHORIZATION TO USE OR DISCLOSE (RELEASE) HEALTH INFORMATION THAT IDENTIFIES YOU FOR A RESEARCH STUDY

If you sign this document, your name will be kept anonymous from public knowledge and give permission to psychorigins.com, its users, and affiliates to store and use your health information for the research purposes described here:

The purpose of this longitudinal research is to aggregate as much mental health information across the world in order to identify developing problems, trends, and pharmaceutical research.

a.) We **do not** disclose any of the following information for research:

Your name, address, phone number, email, insurance information

b.) The health information that we may use or disclose (release) for this research includes:

All information provided in the background form provided by your clinician; of course excluding all information specified in part a.

The health information listed above may be used by and/or disclosed (released) to:

All current and future users of psychorigins.com.

psychorigins.com is required by law to protect your health information. By signing this document, you authorize psychorigins.com to use and/or disclose (release) your health information for this research. Those persons who receive your health information may not be required by Federal privacy laws (such as the Privacy Rule) to protect it and may share your information with others without your permission, if permitted by laws governing them.

Where a covered entity conducts the research study, the Authorization must list ALL names or other identification, or ALL classes, of persons who will have access through the covered entity to the Protected Health Information (PHI) for the research study (e.g., research collaborators, sponsors, and others who will have access to data that includes PHI). Examples may include, but are not limited to the following:

All research institutions and those who have access to a computer or the internet.

All Institutional Review Boards or Data Safety and Monitoring Boards.

If the research study is conducted by a covered entity other than the covered entity, the authorization need only list the name or other identification of the outside researcher (or class of researchers) and any other covered entity to whom the covered entity is expected to make the disclosure.

Please note that :

You may not change your mind nor revoke (take back) this Authorization, since psychorigins.com has already acted based on this Authorization. Since your name is not going to be stored in the database it would be virtually impossible to find your specific information.

This Authorization does not have an expiration date

**Signature** of participant or participant's personal representative

\_\_\_\_\_ Date \_\_\_\_\_

**Printed name** of participant or participant's personal representative

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