**Notice of Research**

Brief description of who is doing the study and why.

Brief description of what you want the research subject to do or agree to as part of the study. . All information collected from the medical record will be stored securely to protect patient identity and privacy.

If you have questions about the study or want to withdraw from the study call the Principal Investigator, insert name at insert number.

If you have questions about your rights as a research subject you may contact the UT Graduate School of Medicine Institutional Review Board (IRB) at 865-305-9781. The IRB is a group of people that reviews studies for safety and to protect the rights of study subjects.

Information to be collected from the medical record includes:

* Medical Record Number (or FIN)
* Age
* Gender
* Ethnicity (race)
* Add everything you plan to collect

Additional information about the protection and use of medical information collected for research is found on the back of this sheet.

All reasonable efforts will be made to keep your (the patient’s) protected health information (PHI) private and confidential. PHIis health information that is, or has been, collected or maintained and can be linked back to you.  Using or sharing (“disclosure”) of such information must follow federal privacy guidelines. Unless you notify the research staff that you do not want to take part in the study, you are giving permission (“authorization”) for the uses and disclosures of your personal health information. A decision to participate in this research means that you agree to let the research team use and share your PHI as described below, for the purpose of this research study.

As part of the study the study team may share the portions of your medical record listed on page 1, with the groups named below:

* The Federal Government Office for Human Research Protections,
* The University of Tennessee Graduate School of Medicine Institutional Review Board

Federal privacy regulations may not apply to these groups; however, they have their own policies and guidelines to assure that all reasonable efforts will be made to keep your personal health information private and confidential.

The study results will be retained in your research record for at least six years after the study is completed.  At that time, the research information not already in your medical record will be destroyed. Any research information entered into your medical record will be kept indefinitely.

Unless otherwise indicated, this permission to use or share your PHI does not have an expiration date. If you decide to withdraw your permission, we ask that you contact Investigator’s name in writing and let him/her know that you are withdrawing your permission.  The mailing address is Insert name and address.  At that time, we will stop further collection of any information about you.  However, the health information collected prior to this withdrawal may continue to be used for the purposes of reporting and research quality.

You have the right to see and copy your personal health information related to the research study for as long as the study doctor or research institution holds this information. However, to ensure the scientific quality of the research study, you will not be able to review some of your research information until after the research study has been completed.

Your treatment, payment or enrollment in any health plans or eligibility for benefits will not be affected if you decide not to participate.