

New York State Psychiatric Institute (NYSPI)
Authorization to Use or Disclose Health Information during a Research Study

Protocol Number:

Principal Investigator:

Name of Study:

Before researchers can use or share any identifiable health information (“Health Information”) about you as part of the above study (the “Research”), the New York State Psychiatric Institute (NYSPI) is required to obtain your authorization. You agree to allow the following individuals and entities to use and disclose Health Information about you as described below:

- New York State Psychiatric Institute (NYSPI), your doctors and other health care providers, if any, and
- The Principal Investigator and his/her staff (together “Researchers”). Researchers may include staff of NYSPi, the New York State Office of Mental Health (OMH), Research Foundation for Mental Hygiene, Inc. (RFMH), and Columbia University (CU), provided such staff is a part of the study, and
- Providers of services for the Research at CU, NYSPi and/or RFMH, such as MRI or PET, or Central Reference Laboratories (NKI), if indicated in the consent form.

1. The Health Information that may be used and/or disclosed for this Research includes:

All information collected during the Research as told to you in the Informed Consent Form.

Health Information in your clinical research record which includes the results of physical exams, medical and psychiatric history, laboratory or diagnostic tests, or Health Information relating to a particular condition that is related to the Research.

Additional information may include:

2. The Health Information listed above may be disclosed to:

Researchers and their staff at the following organizations involved with this Research:

The Sponsor of the Research,

and its agents and contractors (together, “Sponsor”); and

Representatives of regulatory and government agencies, institutional review boards, representatives of the Researchers and their institutions to the level needed to carry out their responsibilities related to the conduct of the research. Private laboratories and other persons and organizations that analyze your health information in connection with this study

Other (family members or significant others, study buddies, outside agencies etc.) Specify:

3. By giving permission to release your Health Information as described above, you understand that your Health Information may be disclosed to individuals or entities which are not required to comply with the federal and state privacy laws which govern the use and disclosure of personal Health Information by NYSPi. This means that once your Health

