

Palo Alto University – HIPAA Authorization Form

1791 Arastradero Road * Palo Alto, CA 94304 *

Phone: 650-433-3827 * Fax: 650-433-3888

Protocol Title: Early Intervention to Prevent Trauma-Related Problems

Protocol Director: Josef Ruzek, Ph.D. * Approved: 04/02/2018 * Expires: 04/01/2019

Authorization To Use Your Health Information For Research Purposes

Because information about you and your health is personal and private, it generally cannot be used in this research study without your written authorization. If you sign this form, it will provide that authorization. The form is intended to inform you about how your health information will be used or disclosed in the study. Your information will only be used in accordance with this authorization form and the informed consent form and as required or allowed by law. Please read it carefully before signing it.

What is the purpose of this research study and how will my health information be utilized in the study?

This is a research study of early counseling to prevent trauma-related problems. We hope to learn how better to help trauma survivors by comparing different approaches to brief counseling. You were selected as a possible participant in this study because you experienced or witnessed a traumatic event in the last 2 years and are experiencing some distress as the result of the event. In this study, you will be asked to complete interviews, questionnaires, and, possibly, counseling sessions focused on the trauma you experienced and the impact it has had on you.

The research does not entail looking at your medical records. Your name or other identifying information will not be associated with the information you provide. If the results of this study are presented at a scientific conference or published in a scientific journal, your name or other identifying information will not be included and every step will be taken to ensure your confidentiality.

Do I have to sign this authorization form?

You do not have to sign this authorization form. But if you do not, you will not be able to participate in this research study, including receiving any

Palo Alto University – HIPAA Authorization Form

1791 Arastradero Road * Palo Alto, CA 94304 *

Phone: 650-433-3827 * Fax: 650-433-3888

Protocol Title: Early Intervention to Prevent Trauma-Related Problems

Protocol Director: Josef Ruzek, Ph.D. * Approved: 04/02/2018 * Expires: 04/01/2019

research-related treatment. Signing the form is not a condition for receiving any medical care outside the study.

If I sign, can I revoke it or withdraw from the research later?

If you decide to participate, you are free to withdraw your authorization regarding the use and disclosure of your health information (and to discontinue any other participation in the study) at any time. After any revocation, your health information will no longer be used or disclosed in the study, except to the extent that the law allows us to continue using your information (e.g., necessary to maintain integrity of research). If you wish to revoke your authorization for the research use or disclosure of your health information in this study, you must do so in writing. Please provide the written withdrawal to: Josef Ruzek, Ph.D., VA Palo Alto Health Care System, PTSD (334), 795 Willow Road, Menlo Park, CA 94025, 650-493-5000, extension 22977.

What Personal Information Will Be Used or Disclosed?

Your health information related to this study, may be used or disclosed in connection with this research study, including, but not limited to the information you provide in questionnaires, interviews, and counseling sessions.

Who May Use or Disclose the Information?

The following parties are authorized to use and/or disclose your health information in connection with this research study:

- The Protocol Director (Principal Investigator, Josef Ruzek, Ph.D.)
- The Palo Alto University/Pacific Graduate School of Psychology Institutional Review Board, as necessary.

Palo Alto University – HIPAA Authorization Form

1791 Arastradero Road * Palo Alto, CA 94304 *

Phone: 650-433-3827 * Fax: 650-433-3888

Protocol Title: Early Intervention to Prevent Trauma-Related Problems

Protocol Director: Josef Ruzek, Ph.D. * Approved: 04/02/2018 * Expires: 04/01/2019

- The study coordinator (Matthew Cordova, Ph.D.) and the research team.

Who May Receive / Use the Information?

The parties listed in the preceding paragraph may disclose your health information to the following persons and organizations for their use in connection with this research study:

- The Office for Human Research Protections in the U.S. Department of Health and Human Services

- [Palo Alto University](#)/Pacific Graduate School of Psychology

Your information may be re-disclosed by the recipients described above, if they are not required by law to protect the privacy of the information.

When will my authorization expire?

Your authorization for the use and/or disclosure of your health information will expire on August 22, 2056.

Will access to my medical record be limited during the study?

To maintain the integrity of this research study, you may not have access to any health information developed as part of this study until it is completed. At that point, you would have access to such health information if it was used to make medical or billing decision about you (e.g., if included in your official medical record).

Signature of Subject

Date