

Phoebe Rich, MD
Jill Moore, MD
Amy Simpson, PA-C

Notice of Your Right to Decline Participation in Future Anonymous or Coded
Research (OAR 333-025-0165)

The State of Oregon has laws to protect the genetic privacy of individuals. These laws give you the right to decline to have your health information or biological samples used for research. A biological sample may include a blood sample, urine sample, or other materials collected from your body. You can decide whether to allow your health information or biological samples to be available for research. Your decision will not affect the care you receive from your health care provider or your health insurance coverage.

Research is important because it gives us valuable information on how to improve health, such as ways to prevent or improve treatment for heart disease, diabetes, and cancer. Under Oregon law, a special team reviews all research before it begins. This team makes sure that the benefits of the research are greater than any risks to participants.

In anonymous research, personal information that could be used to identify you, like your name or medical record number, cannot be linked to your health information or biological sample. In coded research, personal information that could be used to identify you is kept separate from your health information or biological sample so it would be very difficult for someone to link your personal information to your health information or biological sample. Your identity is protected in both types of research.

No matter what you decide now, you can always change your mind later. If you change your mind, a new form will need to be filled out and the new decision will apply only to health information or biological samples collected after your health care provider receives a new written consent.

How to participate: **If you agree to allow your biological samples to be used for research, you do not have to do anything else.** If you make this choice, your health information or biological samples may be used for anonymous research.

I decline to have my health information and biological samples available for anonymous or coded research.

Print Patient Name

Patient Signature

Date