ProGReSS AKI and ConsequenceS

Authorization to Release Protected Health Information for Research

Participant Name _____ Date of Birth _____

Social Security/Medical Record Number: _____

I authorize _____ to release information from the record of_____
Hospital/Provider Participant Name

to the **ProGReSS AKI and ConsequenceS study** team located within the Department of Epidemiology at the University of Pittsburgh. The reason for this request is that I am a participant in this research study. These records are for **research purposes only**, and are not being used for patient care. I authorize a photocopy or facsimile of this authorization to be acceptable and valid. I authorize this release to be valid for the duration of the study (***2011-2020***). I understand that I may revoke this authorization in writing at any time by providing a request to the study. I understand that once this information is disclosed, it may be redisclosed by the recipient and the information may not be protected by federal privacy laws or regulations. My request to release these records to ProGReSS AKI will have no impact on the releasing facility's provision of care to me.

The records to be released are for the treatment dates: __ __/__ __/__ __to __ __/__ __/__ __ for a diagnosis of _____.

___ Face Sheet/Attestation with ICD codes

___ Admitting History & Physical Exam

___ Emergency Room Report

___ Operative Reports

___ Echocardiography Reports

___ Cardiac Catheterization Reports

___ Carotid Duplex/Angiography Reports

___ Lung/VQ Scan Reports

___ ERA/PRA Hormone receptors (breast cancer)

___Other _____

___ Discharge/Death Summary

___ Consult (specify_____)

___ Laboratory Reports

___ Radiology Reports

___ Stress Test Reports

___ ECG tracings

___ Lower Extremity Duplex/Angiography

___ Pathology Reports

___ Behavioral Health, Drug/Alcohol Communicable Disease, or HIV/AIDS

_____ _____
Participant/ Representative Signature Date Witness Date

_____
Relationship to participant, if representative

Health Information Department: Mail records to:
ProGReSS AKI and ConsequenceS Study Events
130 North Bellefield Avenue Suite 540
Pittsburgh PA 15213

Records may also be faxed to 412.383.1956. Please call the ProGReSS AKI Clinical Events Coordinator at 412.383.1884 with any questions about this request.