



Dear Patient,

We are pleased to announce the creation of a private practice-based Clinical Research Center, *Georgia Pollens*. Allergy and Asthma Clinics of Georgia, P.C. is committed to providing exceptional patient care and education while conducting quality clinical research. We are committed to providing our patients with access to new medications which may improve their quality of life.

*Georgia Pollens Clinical Research Centers, Inc. mission is to improve the health of patients everywhere by conducting Quality Clinical Research.*

People participate in research for a variety of reasons. People who volunteer for research can gain access to promising drugs long before these compounds are approved for by the marketplace. You will get excellent care from the physicians during the course of the study. The medical care is often provided free to the patient. Patients may also be paid a small fee to participate in a clinical trial.

The privacy law, Health Insurance Portability & Accountability Act (HIPAA), protects your individually identifiable health information (protected health information or PHI). The privacy law requires you to sign an authorization (or agreement) for researchers to use or disclose your protected health information.

Examples of protected health information that may be used and disclosed (shared with someone outside of Allergy and Asthma Clinics of Georgia, P.C.), may include: your name, initials, age, race, sex, social security number, postal or e-mail address, telephone or fax numbers, medical record number, medical history, laboratory test results, physical examination results, diagnostic test results such as, (but not limited to), X-ray, EKG, CAT Scan, EEG, questionnaires, diaries, photos, or voice recordings.

Your name, addresses, social security number, telephone/fax numbers, and medical record number will only be used here at Georgia Pollens. Other health information may be sent to the Sponsor and their Representatives. In case of any publications about this study, your name will not be used.

Protected Health Information may need to be disclosed for the following purposes:

- To collect and analyze the research information.
  - Because you may have an unexpected event during this study.
  - A sponsor or government agency representative needs to look at our records to be sure we have followed the study directions.

People and organizations listed below may use, disclose, and receive your PHI. They may review, and may receive copies of your medical records related to this study.

- **Georgia Pollens Clinical Research Centers, Inc. and it's representatives**
- **Investigators for this study**
- **The Sponsor and its Representatives**
- **Outside Laboratories working on a study**
- **Representatives of the Food and Drug Administration (FDA), Office for Human Research Protections (OHRP), National Institute of Health (NIH), and other regulatory agencies within and outside the United States**
- **Members of an Institutional Review Board**

#### **SUBJECT OR SUBJECT'S LEGAL REPRESENTATIVE STATEMENT**

**I voluntarily** give permission to collect, use or disclose my protected health information (PHI) for the purpose of research only. I will be given a signed copy of this form. I have been given a copy of the Allergy and Asthma Clinics of Georgia, P.C. & Notice of Privacy Practices. If I have any questions or concerns about my privacy rights, I should contact the Research Director at 229-438-7100

**Your decision will not affect your care at Allergy & Asthma Clinics of Georgia.**

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**SUBJECT or SUBJECT'S LEGAL REPRESENTATIVE (Signature)**

**DATE SIGNED**

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#### **RELATIONSHIP TO SUBJECT**

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