

**San Diego State University  
Research Subject Authorization  
Confidentiality & Privacy Rights**

***Hispanic Community Health Study/ Study of Latinos (HCHS/SOL)***

**Study Investigator:**       **Gregory Talavera, MD MPH**  
  **Graduate School of Public Health**  
  **San Diego State University**  
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  **Phone (619) 594-4086**

You have agreed to participate in the research study mentioned above and have signed a separate informed consent that explained the procedures of the research study and the confidentiality of your personal health information. This authorization form gives more detailed information about the following:

- What personal health information about you will be collected in this study;
- Who will use your information within the institution and why;
- Who may disclose your information and to whom;
- Your rights to access your personal health information during the study; and
- Your right to withdraw your authorization (approval) for any future use of your personal health information.

By signing this document you are permitting your doctors and other health care providers, such as \_\_\_\_\_ to use or disclose personal health information collected about you to San Diego State University and the investigators listed above for purposes of the study. You are also allowing San Diego State University and their investigators to disclose that personal health information to outside organizations or people involved with the processing of this study, as described in the separate informed consent form for this study.

**What personal information is collected and used in this study that might also be shared (disclosed)?**

The following personal contact and personal health information will be collected, used, and may be shared or disclosed during your involvement with this study:

- Name
- Address
- Relatives' names or addresses
- Telephone number
- Participant ID number
- Social Security numbers (optional)
- Enrollment Date

Other tests and procedures that will be performed in the study include:

- Height Weight, waist size, percent of body fat measurements
- Blood Pressure
- An electrocardiogram (ECG) (an exam of your heart)
- A test for lung function and breathing
- A hearing test
- A dental examination
- Blood sugar test for diabetes
- A test for cholesterol levels

It also includes questions about:

- Your health and you health care
- Occupation
- Diet
- Lifestyle
- Beliefs
- Family medical history

### **Why is your personal information being used?**

Your personal contact information is important for San Diego State University investigators to contact you during the study. Your personal health information (including the results of tests and procedures) is being collected during this study for purposes of the study. The study investigators may also use the results of these tests and procedures to refer you to a health care provider to verify your study results or to treat you.

### **Who within San Diego State University may share or disclose your personal health information?**

The following individuals and organizations within San Diego State University may use or disclose your personal health information for this study:

- The Principal Investigators and the study research team (other university investigators associated with the study);
- The San Diego State University Institutional Review Board (the committees charged with overseeing research on human subjects);
- The Office for the Protection of Research Subjects (the office which monitors research studies); and
- Authorized members of San Diego State University workforce who may need to access your information in the performance of their duties (for example: to make sure the study is being conducted correctly).

### **Who outside of San Diego State University might receive your personal health information?**

As part of the study, the Principal Investigator, personnel involved in the study and others listed above, may disclose your personal health information, including the results of the research study tests and procedures to the following:

- Other academic research center(s) also collaborating on the study;
- University of North Carolina Chapel Hill Collaborating Center;
- National Heart, Lung, and Blood Institute (NHLBI) sponsor of the study; Government agencies such as the Food and Drug Administration and Office of Human Research Protection; and
- Other health care providers who are part of the study (e.g., laboratories performing tests).

Your personal information that is disclosed in connection with the study may no longer be protected by the federal privacy protection regulations.

In records and information disclosed outside of San Diego State University, you will be assigned a unique research code number. The Principal Investigator will ensure that the key to the code will be kept in a locked file. The key to the code will be destroyed at the end of the research study.

**How long will San Diego State University be able to use or disclose your personal health information?**

Your authorization for use of your personal health information for this specific study does not expire. This information may be maintained in the study database. However, San Diego State University may not reuse or re-disclose your personal health information collected in this study for another purpose other than the study described in the informed consent document you have signed, unless it obtains permission to do so from you and the San Diego State University Institutional Review Board.

**Will you be able to access your records?**

Results of all tests and procedures done solely for this research study are not part of your regular medical care and will not be included in your medical record. At any time during the study, you will be able to request access to your study medical record.

**Can you change your mind?**

You may withdraw your permission for the use and disclosure of any of your personal information collected for the purpose of this study. However, **you must do so in writing** to the Principal Investigator at the address on the first page. If you withdraw your permission to use your personal health information that means you will also be withdrawn from the research study. If you withdraw your permission to use any blood or tissue obtained for the study, the Principal Investigator will ensure that these specimens are destroyed or will ensure that all information that could identify you is removed from these specimens.

**You are not required to sign this authorization. If you decide not to sign this authorization:**

It will not affect the treatment you receive by any health care providers, or the payment or enrollment in any health plans, or affect your eligibility for benefits. However, you may not be allowed to participate in the study. You will be given a copy of this Research Subject Authorization Form describing your confidentiality and privacy rights for this study.

By signing this document, you are permitting your doctors and other health care providers to disclose your personal health information to San Diego State University, and permitting San Diego State University to use and disclose personal health information collected about you for research purposes as described above.

\_\_\_\_\_  
Participant Name **[print]**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person obtaining authorization **[print]**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

