



## Consent to Use Clinical Data by IPD

Consent: Please read the statement of consent below regarding the use of your clinical data. Please note, your consent is entirely voluntary and treatment is in no way contingent upon your willingness to participate. Please do not hesitate to ask if you have any questions regarding your participation.

Purpose: Clinical studies often provide an opportunity to test scientific hypotheses and to develop more comprehensive and effective diagnostic as well as therapeutic methods and approaches. These processes may or may not benefit you or others with similar conditions.

I \_\_\_\_\_ (please print name here) hereby voluntarily and without compensation authorize IPD its professional staff and employees, interns, fellows and other professionals of the organization the use of my clinical/technical data for the purpose of education, scientific inquiry and publications that will in no way reveal my identity. Any identifying information such as my name, address, telephone number and similar confidential information will be removed before my data that is used.

While I am evaluated at the IPD, I authorize the disclosure of my technical and/or clinical data and results from laboratory, diagnostic, psychological and behavioral assessments and evaluations to the staff of IPD and associates.

**I have read and understand the foregoing and I consent to use of my de-identified data for the above described purpose(s).**

Patient's Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Signature of parent or legal representative: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Permission Obtained by: \_\_\_\_\_  
(Signature of interviewer)

Today's Date: \_\_\_\_\_