IRB Project Number: _____ Date and Time Rec'd:

University of California
Cancellation of Permission to Use Personal Health Information for Research

To Be Completed by Investigator:

Study Title (or IRB Project Number only if study title may breach subject's privacy)	
Name of Researcher	Researcher's Address

A. What is the Purpose of this Form?

If you sign this form, you are canceling your permission for the researcher named above, or the following health care provider,_____*[insert name*], to access your medical records for research purposes at UCSF.

B. What Does Cancellation Mean?

If you cancel your permission, you may not be able to continue to be in this study. You may want to ask someone on the research team if canceling your permission will affect your medical treatment. This cancellation will not affect your regular medical treatment outside of this research. Nor will it affect your ability to participate in other research studies. If you cancel your permission, the information that was already collected for the study may continue to be used for the research study, but no additional medical record information will be collected about you unless the law requires it. The research team will continue to protect your confidentiality as described in the original Consent Form for the study. This cancellation will take effect when the investigator or health care provider named above receives this form.

C. Who Should Sign this Form?

If you wish to cancel your permission for the researcher, or other health care provider named above, to access your Personal Health Information for this research project, please sign below. You will be given a signed copy of this form.

1) The Research Subject: _____ _____ _____
Name of Subject (print) Signature of Subject Date

2) Legally Authorized Representative, if the Subject is under 18 years old or an Adult Incapable Of Giving Consent (where IRB approved):

_____ _____
Name of Legally Authorized Representative (print) Relationship to the Subject

_____ _____
Signature of Representative Date