Consent-Based Confidentiality Waiver for Clinical Studies

This document confirms my understanding and agreement to waive certain confidentiality protections for the purpose of participating in the clinical study outlined below.

Study Title

_____

Principal Investigator

_____

Participant Name

_____

Consent and Waiver

I understand that my participation in the clinical study may involve the collection, use, and sharing of my personal health information. By signing this document:

1. I voluntarily consent to participate in the study and to share my relevant health information with authorized research personnel.
2. I waive specific rights to confidentiality concerning the following types of information, solely for purposes necessary to conduct, monitor, and report the results of this study:
    - Medical records relevant to the study
    - Study-related test results
    - Other identifiable health information disclosed during participation
3. I understand that my information will be protected and handled in accordance with local laws and regulations, except as specified under this waiver.
4. I understand that I can withdraw my consent at any time with written notice, but information already collected may continue to be used as mandated by study requirements or applicable law.

Duration of Waiver

This waiver will remain in effect throughout my participation in the study and as required for study follow-up and reporting, unless I withdraw my consent in writing.

Questions

I have had the opportunity to ask questions regarding this consent and waiver, and have received satisfactory answers.

_____

Participant Signature

_____

Date

_____

Investigator/Authorized Person Signature

_____

Date