

_____ I understand that if my record contains **confidential HIV related information**, I hereby authorize the release of such information. Confidential HIV related information is any information indicating that a person had an HIV related test, or has HIV infection, HIV related illness or AIDS, or any information which could indicate that a person has been potentially exposed to HIV.

Term of this Authorization: This Authorization will remain in effect:

(To be completed by patient.)

- From the date of this Authorization until one year after the study completes.
- From the date of this Authorization until the ____ day of _____, 20 ____.
- Until PMG fulfills this request.
- Until the following event occurs: _____.

Refusal to sign/Right to Revocation: I understand that I may refuse to sign or that I may revoke (at any time) this Authorization for any reason and that such refusal or revocation will not affect the commencement, continuation or quality of my treatment by my health care provider.

Revocation: I understand that this Authorization will remain in effect until the term of this Authorization expires or I provide a written notice of revocation to PMG at the address listed below. The revocation will be effective immediately upon the receipt by PMG of my revocation, except that the revocation will not have any effect on any action taken by PMG in reliance on this Authorization before it received my written notice of revocation.

PMG Research of Knoxville
 1200 Merchant Drive
 Knoxville, TN 37912
 Office: (865) 244-4276 Fax: (865) 687-7964

Questions: I may contact the Privacy Officer for answers to my questions about the privacy of my health information. The Privacy Officer can be reached by phone at (336) 608-3500 and ask for the Privacy Officer or email at privacyofficer@pmg-research.com.

Signature:

 Research Participant's Signature Date

If the Research Participant's is unable to sign this Authorization, I am the Legally Authorized Representative and have the authority to sign this Authorization.

 Name Legal Relationship Date

Witness Signature (applicable only if the Research Participant or the Legally Authorized Representative signs with the letter "X")

 Witness' Signature Print Name Date