

We are pleased that you have chosen Mayo for your medical care.

An important part of Mayo's commitment to excellence in the practice of medicine is medical research including the review of information from medical records. By collecting and analyzing information from medical records, doctors and scientists learn about health and disease, treatments and results. *Medical care could not have advanced as far as it has* without this type of research.

Minnesota law requires that Mayo use reasonable effort to obtain authorization before we release information from medical records generated after August 1, 1997, for research purposes. The law also states that patients who do not respond to requests for a written authorization will be considered to have authorized the use of records for research.

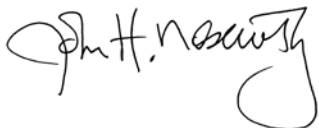
We want patients to be informed about how medical information is used, and the benefits to everyone that come from medical record research. If you allow the use of this information for research, Mayo will protect your privacy and confidentiality. **Only group data are published in studies, not individual identities.**

We hope that you will help in our mission to provide the best possible medical care by agreeing to allow the use of medical record data for this important activity.

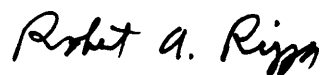
You have received the necessary authorization form, along with a brochure about the use of medical records for medical research. The brochure explains the value of medical research using medical records and details the steps Mayo takes to protect your privacy and confidentiality. After you have reviewed the material, please return the signed form in the enclosed postage paid envelope.

Again, thank you for your support of Mayo and its mission of providing the best possible medical care, education and research.

Sincerely,



John H. Noseworthy, M.D.
Chair, Board of Governors
Mayo Clinic



Robert A. Rizza, M.D.
Director for Research
Mayo Clinic

We are pleased that you have chosen Mayo for your medical care.

As a Mayo patient, you have received medical care that was based, in part, on knowledge drawn from studies of medical records. For us to continue to provide patients with the most accurate information, and to advance medical knowledge generally, we need to continue to use medical record information in the appropriate studies.

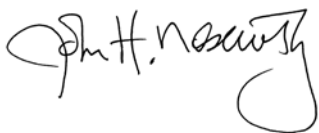
Minnesota law requires that Mayo use reasonable efforts to obtain authorization before we release information from medical records generated after August 1, 1997, for research purposes. The law also states that patients who do not respond to requests for a written authorization will be considered to have authorized the use of records for research.

We want patients to be informed about how medical information is used, and the benefits to everyone that come from medical record research. If you allow the use of this information for research, Mayo will protect your privacy and confidentiality. **Only group data are published in studies, not individual identities.**

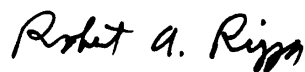
Research using medical records is an important part of Mayo's commitment to excellence in patient care. By collecting and analyzing information from medical records, doctors and scientists learn about health and disease, treatments and results. *Medical care could not have advanced as far as it has without this type of research.* We hope that you will help in our mission to provide the best possible medical care by agreeing to allow the use of medical information for this important activity.

Enclosed is the necessary authorization form, along with a brochure about the use of medical records for medical research. The brochure explains the value of medical research using medical records and details the steps Mayo takes to protect your privacy and confidentiality. Mayo does not yet have an authorization on file for you. Please indicate your decision and return the signed form in the enclosed postage paid envelope. If you do not return this form, this will be considered approval.

Again, thank you for your support of Mayo and its mission of providing the best possible medical care, education and research.



John H. Noseworthy, M.D.
Chair, Board of Governors
Mayo Clinic



Robert A. Rizza, M.D.
Director for Research
Mayo Clinic



Authorization to Use Medical Records For Research

Thank you for choosing Mayo Clinic* for your medical care. As a Mayo Clinic patient, you have an opportunity to contribute to research by authorizing the use of information from your medical record.

Minnesota law requires that Mayo Clinic ask patients for permission before using their medical records for research. This is called "authorization." If you provide authorization, the confidentiality of your information will be protected.

To authorize the use of your medical record information for research:

- Review the attached brochure
- Check "yes" or "no" in the box below
- Sign and date this letter
- Return the signed letter to Mayo Clinic in the enclosed postage paid envelope

You have the right to say no. Your decision will not affect the care you receive at Mayo Clinic in any way.

Mayo Clinic provides two opportunities for patients to make a decision. If you do not respond to this letter, Mayo Clinic will send you a second letter. If you do not respond to this second letter, Mayo Clinic is allowed by law to use your records for research.

If you have questions about Research Authorization, please call 507-293-3550.

Your participation in Mayo Clinic research is appreciated.

Robert A. Rizza

Robert A. Rizza, M.D.
Executive Dean for Research

(Please mark one of the boxes, sign and date below. Use a dark black pen.)

Yes, I authorize Mayo Clinic and its research partners to use my medical records for research.

No, I do not authorize Mayo Clinic and its research partners to use my medical records for research.

Signature Patient or Authorized Representative

Relationship to Patient *(if not patient)*

Date *(Month DD, YYYY)*

*For purposes of this form, Mayo Clinic refers to all Mayo Clinic campuses and affiliated entities in Minnesota.





Authorization to Use Medical Records For Research

Thank you for choosing Mayo Clinic* for your medical care. As a Mayo Clinic patient, you have an opportunity to contribute to research by authorizing the use of information from your medical record.

Minnesota law requires that Mayo Clinic ask patients for permission before using their medical records for research. This is called "authorization." If you provide authorization, the confidentiality of your information will be protected.

To authorize the use of your medical record information for research:

- Review the attached brochure
- Check "yes" or "no" in the box below
- Sign and date this letter
- Return the signed letter to Mayo Clinic in the enclosed postage paid envelope

You have the right to say no. Your decision will not affect the care you receive at Mayo Clinic in any way.

Mayo Clinic provides two opportunities for patients to make a decision. Because we have not received a response to our first letter asking for your decision, we are sending you this second letter. If you do not respond to this second letter, Mayo Clinic is allowed by law to use your records for research.

If you have questions about Research Authorization, please call 507-293-3550.

Your participation in Mayo Clinic research is appreciated.

Robert A. Rizza

Robert A. Rizza, M.D.
Executive Dean for Research

(Please mark one of the boxes, sign and date below. Use a dark black pen.)

Yes, I authorize Mayo Clinic and its research partners to use my medical records for research.

No, I do not authorize Mayo Clinic and its research partners to use my medical records for research.

Signature Patient or Authorized Representative

Relationship to Patient *(if not patient)*

Date *(Month DD, YYYY)*

*For purposes of this form, Mayo Clinic refers to all Mayo Clinic campuses and affiliated entities in Minnesota.





Mayo Clinic
200 First Street SW
Rochester, Minnesota 55905
507-293-3550

Authorization for Mayo to use Medical Information for Medical Research

As of January 1, 1997, Minnesota law requires Mayo to obtain your authorization before we release information from the medical record for research purposes.

We want patients to be informed about how medical information is used, and the benefits to everyone that come from medical research using anonymous information contained in medical records. If you allow the use of this information for research, Mayo will protect your privacy and confidentiality. Only group data are published in studies, not individual identities.

You also have the right to say no. This decision is an individual one, and in each case your wishes will be honored. Your decision will not affect the care you receive at Mayo in any way. If you do not return the form, this will be considered approval.

The future of quality medical care depends upon research using medical records. Consider the benefits to humanity, your loved ones and yourself provided by medical advances. By signing this form, you will be contributing to medical progress now, and for generations to come. If you have any questions or concerns about this authorization, please call us at 507-293-3550.

(Please mark an X in one of the boxes below. Use a dark black ball point pen.)

- I authorize Mayo to review medical records about me for medical research.
No information which will identify me as a patient or participant in any study will be published.
- I do not authorize Mayo to review medical records about me for medical research.

Please sign here and return:

Patient or Authorized Representative

Date

Relationship to Patient (if not patient)

