



Research Authorization

Research using medical records is very important to medical science and medical care. By studying medical records, we have been able to find better ways to treat heart attacks, to learn about the side effects of medications, and to find risk factors for common problems such as strokes, asthma, and cancer.

At Olmsted Medical Center, we have studied ways to help women get early prenatal care, looked at the burden of Herpes Zoster (shingles), studied people with IBS (irritable bowel syndrome), looked at two types of surgery for carpal tunnel problems, and surveyed people with chronic pain.

The Minnesota State Law: Before 1997, every medical center was allowed to study medical records for research without notifying patients. But the law has changed, and Olmsted Medical Center and every other Minnesota medical center must ask for your permission to use your medical records for research.

Without your permission, Olmsted Medical Center cannot use your records. This means we cannot continue to do important studies to improve care for you and your family. This is why we ask you to read and sign this special authorization form which allows us to use your medical records for approved research studies.

Protecting Patients' Privacy: If your medical records are included in a study, your name is never used. All studies which use your medical records must be approved by a special group called the Institutional Review Board (IRB). This group of local doctors, nurses, and citizens reviews each proposed study to make certain that the patient information will be kept private and your rights protected.

Please select your wishes for research below by signing and dating either the permission or refusal section.

If you would like additional information, please contact OMC's Research department at 507.287.2758.

Patient Label or

Name: _____

Chart ID: _____

DOB: _____

Research Permission	Research Refusal
I authorize medical records about me from Olmsted Medical Center to be used for medical research as described above.	I do not authorize medical records about me from Olmsted Medical Center to be used for medical research.
<hr/> <i>Patient or Authorized Representative (age 18 or older)</i>	<hr/> <i>Patient or Authorized Representative (age 18 or older)</i>
<hr/> <i>Relationship to Patient</i> <i>Date</i>	<hr/> <i>Relationship to Patient</i> <i>Date</i>