

OREGON CONSENT FORM

NOTICE OF YOUR RIGHT TO DECLINE PARTICIPATION IN FUTURE ANONYMOUS OR CODED GENETIC RESEARCH

The State of Oregon has laws to protect the genetic privacy of individuals. These laws give you the right to decline to have your health information or biological samples used for research. A biological sample may include a blood sample, urine sample, saliva sample, or other materials collected from your body. You can decide whether to allow your health information or biological samples to be available for genetic research. Your decision will not affect the care you receive from your healthcare provider or your health insurance coverage.

Research is important because it gives us valuable information on how to improve health, such as ways to prevent or improve treatment for heart disease, diabetes, and cancer. Under law, a special team reviews all genetic research before it begins. This team makes sure that the benefits of the research are greater than any risks to participants.

In anonymous research, personal information that could be used to identify you, like your name or medical record number, cannot be linked to your health information or biological sample. In coded research, personal information that could be used to identify you is kept separate from your health information or biological sample so it would be very difficult for someone to link your personal information to your health information or biological sample. Your identity is protected in both types of research.

If you want to allow your health information and biological sample to be available for anonymous or coded genetic research, you don't have to do anything with this form; however, please make sure you have marked the appropriate box on the Baylor Genetics consent form. If you make this choice, your health information or biological sample may be used for anonymous or coded genetic research without further notice to you.

If you want to decline to have your health information and biological sample available for anonymous or coded genetic research, you must tell your healthcare provider by:

- Completing this form and giving it to your health care provider; and
- Making sure you leave the appropriate box unchecked on the Baylor Genetics consent form.

Your decision is effective on the date Baylor Genetics receives the Baylor Genetics consent form.

No matter what you decide now, you can always change your mind later. If you change your mind, tell your healthcare provider and contact Baylor Genetics' Compliance team at compliance@baylorgenetics.com. If you change your mind, the new decision will apply only to health information or biological samples collected after Baylor Genetics receives written notice of your new decision.

If you have any questions or concerns about this notice, or would like to change your decision, please contact the Baylor Genetics Compliance team at compliance@baylorgenetics.com.

I decline to have my health information and biological samples available for anonymous or coded genetic research.

Printed Name of Patient

____ / ____ / ____
Date of Birth (MM / DD / YYYY)

Patient Address

Printed Name of Legally Authorized Representative (if applicable)

Signature of Patient or Legally Authorized Representative

____ / ____ / ____
Date (MM / DD / YYYY)