**HIPAA Statement for International Research**

As part of your participation in this research study, your personal information may be sent to the United States for analysis or storage. There are laws in the U.S. to protect your personal information when in that country. We may share your information with members of the study team and certain third-parties, such as contractors, government agencies, and the sponsor of the study. We will try to make sure that everyone who receives your information will keep it confidential, but we cannot guarantee that your information will not be further disclosed by those third-parties.

Please sign this form (or make your mark) if you agree to let us use and give out details about your information.

***<< Note to investigators: If you will be obtaining permission of a parent for a child, you will need to revise this form to reference “you and your child” throughout. >>***

Signature of Participant (Print Name) Date/Time

***<< If applicable, include the following:>>***

Signature of Parent/Legal Guardian/Court-Appointed Representative (Print Name) Date/Time

**FOR CHILD PARTICIPANT**

Description of relationship to child research participant (for example: parent, legal guardian, court-appointed representative)

(This form is to be kept with the consent document signed by the study participant.)