

**Addendum to  
Authorization to Use and/or Disclose  
Your Protected Health Information for Research Study**

**Study Protocol # and Title:**

*[Repeating information from the Authorization and/or Informed Consent will NOT be approved. Add addendum below:]*

\_\_\_\_\_  
Signature of Individual or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
If applicable, Relationship of Authorized Representative  
or Authority to Sign

\_\_\_\_\_  
Witness to Oral Presentation