



LINAE HEALTHSPAN INSTITUTE, INC.
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RESEARCH CONSENT AGREEMENT

Patients Name:

Patient's Address:

THE STUDIES

You are being asked to provide your consent for Linae Healthspan Institute to use the information from your medical records in research studies the goal of which is to improve the practices of the functional medicine approach. No personal identifying information will be used in the study. The Principal Investigator of these research studies is Linette Williamson M.D.

If you consent to the use of your medical records in these research studies, your personal information will be kept confidential to the extent permitted by law and will not be released without your written permission except as described in this paragraph. In all study forms, you will be identified only by a randomly selected patient number. Your name will not be reported in any publication; only the data obtained as a result of the use of your medical records in these studies will be made public.

Your decision as to whether or not to consent to the use of your medical records is completely voluntary (of your own free will). If you decide not to consent to the use of your medical records it will not affect the care you receive.

If you decide to consent to the use of your medical records in connection with these studies, you may withdraw consent at any time without affecting the care you receive. You should contact the Principal Investigator and let him know about your decision if you decide to withdraw consent.

AGREEMENT TO PARTICIPATE

I have read the description of the research studies and general conditions. Anything I did not understand was explained to me by: _____, any questions I had were answered by: _____. I hereby give my consent to Linae Healthspan Institute to use my medical records as described herein in connection with the research studies described herein. I will receive a copy of this consent form.

Signature of Patient/Legal Representative

Date



Print Name of Person

Name of Person Obtaining Consent