

RESEARCH INVITATION OPT OUT / CANCELLATION OF PRIOR OPT-OUT FORM

RWJBarnabas Health (RWJBH) participates in various research activities, including clinical trials, data registries, and chart reviews. To find new treatments and improve the health of our communities, we need patients like you to hear about opportunities to participate in these research activities. Participation in clinical trials is entirely voluntary, and every patient has the right to choose whether or not to enroll after discussion with their health care provider.

To learn more about research at RWJBH, please visit: <https://www.rwjbh.org/research>. To review the current RWJBarnabas Health Notice of Privacy Practices and learn more about research-related and other disclosures of health information, please visit: <https://www.rwjbh.org/why-rwjbarnabas-health-/privacy-and-nondiscrimination-notices/>

If you would like to opt out from being contacted by RWJBH and/or our external research partners (“Research Partners”) about potential research opportunities, or if you previously opted out and would like to opt back in to being contacted about potential research opportunities, please complete and submit this form in one of the following ways:

By Mail: RWJBH Corporate HIM
Data Integrity Department
2 Crescent Place Oceanport, NJ 07757

By Email: DataIntegrity@rwjbh.org

In Person: Return this form to the Hospital HIM office or to your RWJBH provider’s office (*The completed form will be sent to the RWJBH Corporate HIM Office for processing*).

If you opt out from being contacted about research opportunities, your provider or care team may still discuss potential research opportunities with you related to your care. In addition, opting out from being contacted about research opportunities will not prevent RWJBH from using or sharing your health information for research purposes as permitted by applicable law.

OPT OUT:

☐ By checking this box, I request that I not be contacted to participate in research unless it is through my treating clinician. I understand that opting out will not prevent my care team from discussing research opportunities with me directly, nor will it prevent my health information from being used or shared for research purposes consistent with applicable law.

If at any time you wish to reverse your decision, you may opt back in by completing this form again and indicating below that you would like to reverse your opt out.

OPT BACK IN:

☐ I previously chose to opt out of being contacted to participate in research. By checking this box, I am now requesting to cancel my prior decision and to opt in to being contacted by RWJBH and/or any Research Partners about potential research opportunities.

Patient First Name	MI	Last Name
Date of Birth (mm/dd/yyyy)		Mailing Address
Phone Number		Email Address
Patient/Authorized Representative Signature*		Date
* If Signed by Authorized Legal Representative and not by the Patient, please attach copies of Legal Authority and Print Name of Representative and Relationship to Patient		