

Over 240 participants have reported having a stroke since joining the GuLF STUDY.

Help us learn why...

- You told us that you had a stroke since the spill.
- Your medical records can help us learn more about your stroke.
- This additional information is important as we study why some people had a stroke and others did not.

Sharing information is voluntary, private, and confidential.

- The decision to share information is up to you.
- Information can only be shared with your permission.
- We are requesting your medical records that pertain to the diagnosis of your condition.
- We will not share your records with anyone else without your permission.

Sharing information is easy. Just complete these steps –



Complete and sign the authorization form.



Mail us the form using the enclosed envelope.



Receive a \$50 gift card for your effort.



Call the study office if you have questions
1-855-NIH-GULF

If we don't hear from you, a study nurse will be in touch to answer any questions.

Thank you very much for your ongoing participation in the GuLF STUDY. Together, we can answer questions that matter to clean-up workers and their communities.

Why Study Participation Matters

Voices from the Community



David and Sharon Gauthé
Thibodaux, LA
GuLF STUDY Community Advisory Group

Sharon and David Gauthé attended the GuLF STUDY Advisory Board meeting. They had this to say about the study...

"We think that the most important part about the GuLF STUDY is that it continues to determine the effects of the oil spill on workers so closely connected to it. We need to know what kind of short and long-term effects have occurred. Without the continued cooperation and participation of these folks, we may never know the effects on them or anyone else in the future. We feel the ongoing calls, questionnaires, and medical exams are the best way to determine the real effects of the oil spill."

Solita, a GuLF STUDY participant, recently agreed to share her records with the study. Here is why she feels it is important for you to share:

"It's important and a great idea to provide the paperwork. They can see what the oil clean-up did to your body or what it is doing in your body."



Solita Johnson
Gulfport, MS
GuLF STUDY Participant

Instructions

Authorization for Release of Medical Record Information GuLF STUDY: Gulf Long-term Follow-up Study

Please provide your doctor's contact information. There are copies if you have more than one doctor.

Specialty: Neurologist Emergency Medicine Specialist General Medicine Practitioner Other

Your
Doctor's
Information
Here

Provider Name: Dr. Chris Jones
Facility Name: University Stroke Center
Street Address: 123 Hospital Drive
City: Anytown State: LA Zip: 12345
Telephone: (555) 123 - 4567 Ext: 890 Fax: (555) 123 - 7654

I am participating in the GuLF STUDY, a study of the health effects of the 2010 Deepwater Horizon oil spill. I authorize and request that you provide the GuLF STUDY with copies of my medical records that pertain to my stroke diagnosis. **The study is requesting records from April 1, 2010 to the present date.**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) prohibits you from releasing my information without my authorization. This form gives you my authorization. I understand that my decision to sign or not to sign the form will have no effect on my eligibility for treatment, payment, or enrollment. There may be sensitive information in my medical records. The study may see that information but will not use it.

Once my information is released to the study, it is no longer covered by HIPAA, but is covered by the Public Health Service Act, which prohibits the release of information that would identify me or my medical providers outside the sponsoring agency and its contractors without my permission or that of my medical providers.

I authorize the study to use information I have given to help you identify my records. I can revoke this authorization at any time by contacting a study representative in writing or by telephone at the address and telephone number listed below. I can also revoke this authorization by notifying the health care facility medical records department in writing. I have received a copy of this authorization form.

Please Print
Sign & Date

Patient Name: Alexander Smith
Patient Signature: Alexander Smith Date: 01/01/2017

Other Names under Which Records May be Filed: Alex Smith

Patient Date of Birth:

0	2	2	4	1	9	7	5
MONTH		DAY		YEAR			

Proxy Signature: _____ Date: _____

Printed Name of Proxy: _____ I am the designated representative for the above-named patient.

Reason for Proxy: Patient deceased Patient incapacitated Relationship to Patient: _____

<BARCODE>

GULF STUDY OFFICE
4505 EMPEROR BLVD • SUITE 400 • DURHAM, NC • 27703
1-855-NIH-GULF • GULFSTUDY.NIH.GOV

U.S. Department of Health and Human Services • National Institutes of Health • National Institute of Environmental Health Sciences

ANSWERS TO COMMON QUESTIONS

I have not been diagnosed with a stroke. How do I fix my study records?

We apologize if our records are incorrect. You can call the study hotline, 1-855-NIH-GULF (1-855-644-4853) or simply note that at the top of the form and return it to us.

Why do you want my medical records? I already told you about my diagnosis.

We would like more detail about your diagnosis. We can get the most accurate detail from your medical records.

What type of records are you requesting?

We are only requesting records about your diagnosis. We may see sensitive information, but will not do anything with it.

How will the GuLF STUDY use my records?

We will use this information to confirm and better understand your diagnosis. This will help us learn more about the potential links between oil spill clean-up and the diseases that developed after.

Who will see my records?

Only authorized study personnel will view these records.

Will anyone else be able to access the records once the study receives it?

Your records will not be shared with anyone outside the study.

Are you requesting ongoing access to my records?

No. If we want to access your records in the future, we will ask for your permission again.

How long are you keeping my records?

Your records will be kept until they are no longer needed or the study ends, at which time your records will be destroyed.

Can I see what information you received?

The GuLF STUDY will not provide you with a copy of your medical records. You will need to contact your doctor or medical facility to get these records for your personal use.

What if I do not have time to visit my doctor to get my records?

There is no need to visit your doctor's office. Simply sign the enclosed form and return it to us in the postage paid envelope. We will contact your doctor for you.

What if my doctor doesn't have time to send records?

Most doctors and medical facilities have staff whose job it is to handle requests for medical records. Doctors understand the importance of research and are very willing to provide records once you have signed the form.

Do you need my records even if I never participated in clean-up activities?

Yes. We need to hear from people that cleaned up and people that did not. You are still eligible to participate.

"Thank you for participating in the GuLF STUDY. Medical record review is an important part of oil spill research because we gain more accurate and detailed medical information. It is quick and easy to share your records. It is also confidential. If we don't hear from you, one of our study nurses will be in touch."



Megan, MPH
GuLF STUDY
Medical Records Coordinator
Graduate of University of Alabama at Birmingham