

Patient Privacy Policy Acknowledgment

Date: _____

Dear Participant,

We appreciate your willingness to participate in our research study. As part of our commitment to protecting your personal health information, we request that you acknowledge the following privacy policy:

Privacy Policy Acknowledgment

By signing below, I acknowledge that I have received and read the Patient Privacy Policy provided to me. I understand how my personal information will be used and protected throughout the duration of this research study.

Participant Information

Name: _____

Signature: _____

Date: _____

Contact Information

If you have any questions regarding this policy, please contact:

Research Coordinator: _____

Email: _____

Phone: _____

Thank you for your participation!

Sincerely,

Research Team