

MAMMOGRAM RELEASE AUTHORIZATION FORM
CHILD HEALTH AND DEVELOPMENT STUDIES
A project of the Public Health Institute

Prenatal Environmental Determinants of Intergenerational Risk (PEDIGREE) Study

Authorization for Use and Disclosure of Medical Information

I, the patient named below, hereby authorize any health care provider or other person or entity in possession of my original mammographic films to disclose such information to the Research Team of the **Prenatal Environmental Determinants of Intergenerational Risk (PEDIGREE)** study, an adult daughter follow-up of the Child Health and Development Studies. The service date(s) or estimated service date(s), if known, are noted below. The study is authorized to review these materials as may be necessary for research purposes only. The study will return the mammographic films received from the facility to the health care provider, within 14 calendar days after receipt.

I understand that I have the right to withdraw this authorization before the expiration date. I understand that my decision to allow the disclosure and use of information under this authorization, or exercise my right to withdraw this authorization, will have no effect on any medical treatment that I may seek for any condition. I also understand the potential risk that my information may no longer be protected by the Federal Privacy Rule if unauthorized people obtain access to study records. However the security measures taken by the Child Health and Development Studies make this a highly unlikely event.

This authorization shall expire at the end of the **PEDIGREE** study collection period (12/31/2019).

Patient Identification Information

Name (please print): _____

Date of Birth: _____

Patient's Signature: _____

Hospital/radiological
Facilities/physician's office: _____

Address: _____

Phone Number: _____

Date(s) of Service: _____

To the disclosing party:

Please enclose a copy of this form with the requested information to:

Mary Beth Terry, PhD
Department of Epidemiology
Joseph L. Mailman School of Public Health-
Columbia University
722 West 168th St, Room 724A
New York, NY 10032

If you have any questions, please call **(212) 305-9650**