

CONSENT FORM FOR CLINICAL RESEARCH TRIALS LLC

Clinical Research Trials LLC is committed to respecting the privacy of individuals, which is what this Consent Form strives to demonstrate. We recognize that when you choose to provide us with information about yourself, you trust us to act in a responsible manner. We have enacted internal procedures to repeatedly review and monitor the use of this information to ensure it is used responsibly and that it complies with federally and state recognized standards of privacy protection. Such standards include guidance for securing and keeping private the personal health information according to the Health Insurance Portability and Accountability Act.

We have safety and security protocols in place to keep your data private and safe from those unauthorized to access your personal health information. By clicking the ACCEPT button below, you agree to submit your personal health information in order to participate in the clinical trial database and to be contacted about a potential clinical trial. One of our representatives will use your information to contact you; our representatives may come directly from within our organization or from a third party.

This Consent Form informs you of how **Clinical Research Trials LLC** and affiliated entities may use and disclose protected health information about you to determine if you meet the criteria for a specific clinical trial.

By signing this Consent Form, you consent to our use of your protected health information for the purpose of attempting to place you in a clinical trial. You have the right to revoke this consent if done so in writing and signed by you. Such a revocation, however, shall not affect any disclosures we have already made in reliance upon your previous consent, such as to pharmaceutical companies, sponsors, or clinical research organizations for the purpose of determining whether you qualify for a clinical trial.

With this Consent Form, you acknowledge that **Clinical Research Trials LLC** and affiliated entities, their agents, representatives, and employees, may call or email you at the phone number and email address you provided to us, and leave you voice mails if necessary, in reference to any items that you have indicated your interest in being contacted about, including, but not limited to, the availability of clinical trials that you may be eligible to participate in.

Please note, this Consent Form does not act as a consent to enter into a specific clinical trial. Rather, this Consent Form merely permits our representatives to contact you regarding your interest in participating in a clinical trial based on the information you have provided, as well as disclosing your information to pharmaceutical companies, sponsors, and clinical research organizations to determine if a clinical trial fits your condition. By clicking ACCEPT, you understand that we cannot guarantee your placement in a clinical trial.

If you have additional questions or concerns regarding this agreement, please contact us at enrollment@crtrials.com or at 234-542-3386.