

**Funding Agency:** National Institute on Aging, National Institutes of Health

**Principal Investigator:** [Study Director]

### **Information about Study Risks and Benefits**

Instead of asking you additional questions about your health and medications, we would like to access your pharmacy records and clinical lab test results for up to the last 7 years. Data we would receive would include a list of prescription drugs that you have received from your pharmacist or by mail order. It also might include lab test results, like cholesterol or glucose tests, that were ordered by your doctor and performed by a Quest Diagnostics laboratory. This will help us better understand your health. We will only use your pharmacy and lab records for research purposes. They will not be used for any other purposes or shared with any businesses, like prescription drug or insurance companies.

By providing your signature, you understand that:

- You are allowing any pharmacy, pharmacy benefit manager (companies that handle prescription drug benefits for health insurance companies) to share your pharmacy records with the Health and Retirement Study team.
- You are allowing Quest Diagnostics to share your clinical lab test results with the Health and Retirement Study team. This information will be used only for research purposes.
- Any and all individually identifiable health information, including pharmaceutical records and lab work, will be made available to the Health and Retirement Study team for non-profit research use only.
- The Health and Retirement Study may share data with other researchers, but will remove your personal information so your information will be kept confidential. Your contact information will not be released in the data given to researchers. Your de-identified pharmacy and lab records will be used and shared for research purposes as long as the research continues. The University of Michigan has strict security procedures in place to help protect your information from unauthorized access or disclosure
- Unless revoked earlier, this authorization will be valid for twenty-four (24) months after the date it is signed.
- You can revoke this authorization at any time by giving written notice to the Health and Retirement Study. Revoking this authorization will not negatively impact you or your ability to participate in other parts of the study. Please be aware we may not be able to remove you from data products that have already been created.
- Authorizing the disclosure of this health information is voluntary. You can refuse to sign this authorization.

If you have any questions about the HRS or the information provided above, you can share feedback privately with Survey Research Operations' toll-free respondent line: 1-866-611-6476.

*I agree to participation in this component of the study*

Please print Respondent's name \_\_\_\_\_

Please sign here and date \_\_\_\_\_ Date \_\_\_\_\_

Interviewer's Signature and date \_\_\_\_\_ Date \_\_\_\_\_