



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
EL PASO

**Addendum to
Authorization to Use and/or Disclose
Your Protected Health Information for Research Study**

Study Protocol # and Title:

[Repeating information from the Authorization and/or Informed Consent will NOT be approved. Add addendum below:]

Signature of Individual or Authorized Representative

Date

Printed Name

If applicable, Relationship of Authorized Representative
or Authority to Sign

Witness to Oral Presentation