HARVARD MEDICAL SCHOOL
DEPARTMENT OF OTOLOGY AND LARYNGOLOGY

MASSACHUSETTS EYE AND EAR INFIRMARY
243 Charles Street, Boston MA 02114-3096

CONSENT TO BE INFORMED ABOUT ABI RESEARCH OPPORTUNITIES

By signing this consent I willingly agree to be contacted about opportunities to voluntarily participate in auditory brainstem implant (ABI) research being performed at the Massachusetts Eye & Ear Infirmary.

In no way does signing this consent form obligate you to participate in this research, nor will it affect any future care provided at our center or at other institutions.

Patients who become study participants will also be asked to sign a release of medical records waiver.

All correspondence, including all medical records, will remain strictly confidential, in accordance with HIPAA and the Human Studies Committee of the Massachusetts Eye and Ear Infirmary.

Please fax this form to: **(617) 573-5502** or send to: ABI Research Program, Eaton-Peabody Laboratory, Massachusetts Eye and Ear Infirmary, 243 Charles Street, Boston, MA 02114. You can also email us a scanned version of this form with your signature to **abi@meei.harvard.edu.**

_____ _____/_____/_____
Your Signature (or signature of legal guardian/parent) Date

_____
Your Name (Print)

_____
Street Address

_____
City State Zip Code

_____
Email address