North Star
HOMEOPATHY
Find your way back to health

Research Consent

I consent to have my anonymized clinical information from my case used for research purposes. I understand that my right to privacy will be protected. All potentially identifying personal information is removed in all HOHM Foundation research.

I also understand that I have the right to withdraw consent to have my information used for research purposes at any time by contacting research@hohmfoundation.org. For any questions about the nature and scope of the research, you can contact research@hohmfoundation.org.

- ☐ Yes, I consent to have the anonymized clinical information from my case used for research purposes.
- ☐ No, I do not consent to have the anonymized clinical information from my case used for research purposes.

Name: _____ Signature: _____

Date: _____ Client name (if under 18): _____