**Please read the information below carefully.**
The purpose of this survey is to collect information on patients that are interested in participating in clinical trials conducted by the Stanford University Medical Center Departments of Neurosurgery and Neurology.

The information you provide to us in the following pages will be kept in a secure database for our researchers and their clinical teams to use when recruiting for certain research studies. All information will be kept as confidential as possible as required by law.

By filling out the following survey, you or are not guaranteed to be considered for a clinical trial related to your or a relative's condition. However, if you or your relative appear to be a potential candidate for a current or upcoming research study, you will be contacted by the clinical research team.

We cannot and do not guarantee or promise that you will receive any benefits our research studies.

Your decision whether or not to participate in this survey will not affect your medical care.

You should not feel feel obligated to answer every question that follows. You may stop and return to the survey at any time if you are uncertain about some of the questions that you are being asked. The more information you are able to provide to us, the better our ability will be to consider you for a clinical trial.

You will not be paid for answering any questions in this survey.

If you have any questions, concerns, or complaints about this survey, contact Maria Coburn at 650-736-9551. If you want to talk to someone separate from the research team about a concern or complaint or your rights as a possible research subject, please contact the Stanford Institutional Review Board (IRB) to speak to an informed person who is separate from the research team, at 650-723-5244, or toll-free at 1-866-680-2906. In addition, please call the Stanford IRB at these numbers if you cannot reach the research team.

If you have read this form and have decided to participate in this project, please understand your participation is voluntary and you have the right to withdraw your consent or discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled.

**Authorization to Use Your Health Information for Research Purposes**

Many of the questions we will be asking on the following pages will require that you disclose personal and private information. In general, this information cannot be used for research studies without your authorization. You must indicate below whether or not you provide that authorization. The information that you provide us with will only be used in accordance with what is written on this and the previous page, and as required or allowed by law.

**Do I have to provide authorization?**You do not have to provide authorization to allow the information on the following pages to be used in our patient registry for patients interested in participating in clinical trials conducted by the Stanford University Departments of Neurosurgery and Neurology. However, if you do not, the information you provide us will be discarded.

**If I provide authorization, can I revoke it later?**If you decide to provide authorization, you are free to withdraw your authorization regarding the use and disclosure of your health information at any time. After any revocation, the information you've provided us will be discarded from our registry. If you wish to revoke your authorization for the disclosure of your health information, you must write to Maria Coburn at 300 Pasteur Dr. Room S006, Stanford, CA 94305-5327.

**What personal information will be obtained, used, or disclosed?**The health information collected in this registry that may be used or disclosed in connection with various research studies ongoing within the Stanford University Departments of Neurosurgery and Neurology, includes, but is not limited to, your name, birthdate, phone number, email address, physical address, medical history, and medical record number.

**Who may use or disclose the information?**The following parties are authorized to use and/or disclose your health information in connection with this patient registry:
-Physicians associated with the Stanford University Departments of Neurosurgery and Neurology
-The clinical research staff
-The Stanford University Administrative Panel on Human Subjects in Medical Research and any other unit of Stanford University as necessary

**Who may receive or use the information?**The parties listed in the preceding paragraph may disclose your health information to the following persons and organizations for their use in connection with this patient registry:
-The office for Human Research Protections in the U.S. Department of Health and Human Services

Your information may be re-disclosed by the recipients described above if they are not required by law to protect the privacy of the information.

**When will my authorization expire?**Your authorization for the use and/or disclosure of your health information will end on December 31, 2100, or when the information in this registry is discarded, whichever is earlier.