



## ClinCard/Patient Payment Informed Consent

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As a participant in Preferred Research Partners, Inc. clinical research study, you may receive payments. These funds are provided to help support your participation in the clinical trials. You will be paid for study visits that you complete, even if you do not complete the overall study.

Greenphire is a company working with Preferred Research Partners, Inc. to manage the payment process. You will be issued a Greenphire ClinCard, which is a debit card that your funds are loaded onto and can be used at your discretion. When a visit is completed, funds will be approved and loaded onto your card. The funds will be available within 1 business day. You will be issued one card for the duration of your participation in the clinical study.

Additionally, Preferred Research Partners through Greenphire can provide appointment reminders and payment alerts via text message and/or email message (standard text messaging rates will apply). You will have the opportunity to opt-in to receive these messages, but you are not required to provide your cell phone or email address to be enrolled in the study or to use a ClinCard. If you choose to receive messages and decide at a later date that you want to stop these messages, you will have the ability to opt-out.

In order for Greenphire to be able to reimburse you via the ClinCard, Greenphire needs to collect the following information:

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **SOCIAL SECURITY #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**PHONE #** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

- ☐ I **AGREE** TO RECEIVE UPDATES, REMINDERS, AND ALERTS VIA TEXT/SMS MESSAGES AND/OR EMAIL MESSAGE.  
☐ I **DO NOT AGREE** TO RECEIVE UPDATES, REMINDERS AND ALERTS VIA TEXT/SMS MESSAGES AND/OR EMAIL MESSAGE.

All information collected by Preferred Research Partners, Inc. staff is stored electronically in a secure fashion on Greenphire and Preferred Research Partners servers. Your information will not be shared or sold, used or distributed for any purpose other than as required to support the reimbursement process. The treatment, communication and transfer of your personal data conforms to the provisions in the Health Insurance Portability and Accountability Act. HIPPA relating to Personal Data Protection. In accordance with what is established in the above-mentioned legislation, you can exercise the rights of access, modification, opposition and cancellation of data.

By signing this consent form, you consent to providing all the before mentioned personal information that is needed to set up payments. You agree that the information you provide is used by Greenphire to perform reimbursement payments to you.

\_\_\_\_\_  
*Subject Printed Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*