

Agreement Acknowledgement – Friedreich Ataxia USB Project

This USB storage device is being provided to you by the Friedreich ataxia program at The Children's Hospital of Philadelphia. It does not contain any medical records or personal documents. This device can be used is for the storage of medical information that is both sensitive and confidential, however, this device is not encrypted and does not offer data protection.

By signing the below, you are acknowledging the aforementioned and assume full responsibility for the protection of any personal information you choose to store on this device. Additionally, as part of this project you will receive an online survey in approximately 6-months asking you to share your experience and feedback.

Name: _____
Name of individual with FA who will be using the usb wrist band

Date of birth: _____

Address: _____

Phone: _____

Email: _____

18 years of age and older

Signature: _____

Date: _____

< 18 yrs of age

Name of authorized representative (parent/guardian): _____

Signature: _____

Date: _____