

## Confidentiality Agreement for Clinical Research Study

I am referring a patient or patients to Michael C. Mithoefer MD for possible inclusion in a clinical study of subjects with Posttraumatic Stress Disorder. I understand that confidentiality is of special concern in clinical research, and I agree to keep strictly confidential any information that is exchanged with Dr. Mithoefer or his research team, including the fact that the patient is participating in the study. I agree to keep any written records that refer to the study in a locked file cabinet.

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Signature of therapist

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Date

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Printed name of therapist

Please return to:

Michael C. Mithoefer, MD  
208 Scott Street  
Mt. Pleasant, SC 29482

For any questions please call:  
(843) 849-6899