THE UNIVERSITY OF IOWA

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VA Form comparison VHA-10-0493 (HIPAA Authorization Form) Differences	
New version dated Sept 2015	**Old version dated May 2014**
P1: minor formatting changes Content changes: minor, removed "etc." from two places	
P1: "Photographs, Digital Images, Video, or Audio Recordings"	P1: "Photographs, Videotapes, and/or Audiotapes of you"
P1: "Other as described:"	P1: "Other, as immediately described below:"
P2: Minor formatting changes	
P2 under Disclosures: "Once your information has been disclosed outside VA/VHA, it may no longer be protected by federal laws and regulations and might be re-disclosed by the persons or institutions receiving the information."	P2 under Disclosures: "Once your information has been disclosed outside VA/VHA, it may no longer be protected by federal laws and regulations and might be re-disclosed by the persons or institutions receiving the information. These non-VA/VHA institutions or persons include the entities marked below:"
P2 under Study Sponsor/Funding Source: "VA or non-VA person or entity who takes responsibility for; initiates, or funds this study"	P2 under Study Sponsor: "Person or entity who takes responsibility for and initiates a clinical investigation"
P3 under Expiration: choices are: "1. Expire at the end of this research study, 2. Data use and collection will expire at the end of this research study. Any study information that has been placed into a repository to be used for future research will not expire, 3. Expire on the following date or event, 4. Not expire"	P3 under Expiration: choices are: "1. Expire at the end of this research study, 2. Expire on the following date or event, 3. Not expire, 4. Expires at the end of this research study unless you have: (1) provided additional permission to store your data and/or biological specimens in a research data repository or (2)when further optional analysis of your specimens has been completed"
P4: no changes noted	
P5: Format changes only. Content unchanged	
VHA-10-10116 (VA HIPAA Revocation Form) Differences	
New version dated Sept 2015	**Old version dated April 2014**
P1: under REVOCATION OF AUTHORIZATION: "1. I am discontinuing my participation in the research study noted above."	P1: under REVOCATION OF AUTHORIZATION: "1. I am requesting to discontinue my participation in the research study noted above."