Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	**Signature of U.S. person** ►	**Date** ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

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Health Insurance Portability and Accountability Act (HIPAA) Authorization Form

Sponsor:	ForCare Clinical Research
Address of Study Site(s):	ForCare Clinical Research 15416 N Florida Avenue Tampa, Fl 33613
Telephone Number:	813-264-2155

Authorization for the Use and Disclosure of Protected Health Information

How Will Your Confidentiality Be Protected?

You have rights regarding the privacy of your medical information collected prior to and in the course of this research. This medical information, called "protected health information" (PHI), includes demographic information, the treatment you receive, the results of physical exams, blood tests, x-rays and other diagnostics and medical procedures, as well as your medical history. You have the right to limit the use and sharing of your PHI and you have the right to see your medical records and know who else is seeing them.

By signing the consent form, you are allowing the research team to have access to and share your PHI. The research team includes the study doctor listed on the consent form and other personnel involved in the study at ForCare Clinical Research.

Your PHI will be shared, as necessary, with ForCare Clinical Research and with any person or agency required by law. You are also allowing the research team to share your PHI with other people or groups specified below. All of these persons or groups are obligated to protect your PHI.

Your PHI may also be shared with the study sponsor, which provides funds to conduct research; Companies hired by the sponsor to provide study related services; Government health agencies from other countries; the Food and Drug Administration; your health insurance.

However, these organizations do not have the same obligation as ForCare Clinical Research to protect your PHI, and once it is disclosed to them, it is not protected under the terms of this authorization.

The research team will record information about you on study forms. The information will include your medical history as well as the treatment you receive and the results of examinations and tests done during the study. The research team will send these completed forms to the sponsor or to a company hired by the study sponsor. The research

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team will also keep a copy for his/her study file. You have the right to review your study doctor's copy of the study forms.

Your name will not appear on the study forms. Instead, you will be assigned a patient identification number. The research team will keep a list that matches patient identification numbers to patient names, but your study doctor will not send that list to the sponsor. However, the study forms will contain other information about you, such as your age, sex and medical history. It is possible that this other information could be used to identify you even though your name does not appear.

The sponsor may use your study information in any of the following ways:

- To analyze and make conclusions about the results of the study
- In documents sent to government health agencies throughout the world (for example, documents sent to the FDA to request approval of the medicine used in the study)
- For reporting side effects to the FDA and other government health agencies
- To provide overall study results including your information, to other study doctors, and
- To reanalyze the study results in the future or to combine your information with similar studies
- Your study records and information may be inspected by the Research Advisory Panel of California.

While using the information in these ways, the sponsor may share it to its affiliated companies in the US or other countries. The sponsor may also share the information with its business partners or companies it hires to provide study related services.

Unless you revoke (cancel) your authorization as described below, this form will expire in 50 years from date signed. The sponsor may keep and continue to use your study information indefinitely. The research team may need to add to or correct information about you even after your study participation is over. This could include providing update of your health status if that is important to the purpose of the study. Review of your medical records on the study form may also take place after the study is over.

Information obtained in the course of the research will not be shared with you. By signing this authorization, you are temporarily waiving your right to see this information while the research is going on. You will be able to see this information if you wish after the research is completed.

You may revoke this authorization to use and share your PHI at anytime by contacting the study doctor in writing. If you revoke this authorization, you will no longer participate in this research program. If you revoke this authorization, use or sharing of

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PHI in the future will be stopped. The PHI that has already been collected may still be used. If you stopped participating in the study early for any reason other than wanting to revoke your authorization, the study team will tell the sponsor that reason.

The results of clinical tests and therapy performed as part of this research may be included in your medical records. The information from this study may be scientifically published and no information that may be personally identifiable, such as your name, picture, social security number or medical record number will be published.

_____
Printed Name of Participant

_____ _____
Signature of Participant Date

_____
Printed Name of Person Explaining Health Insurance Portability and Accountability Act (HIPAA) Authorization Form

_____ _____
Signature of Person Explaining Health Insurance Portability and Accountability Act (HIPAA) Authorization Form Date

I will receive a signed and dated copy of this Authorization.

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