



## REQUEST TO ACCESS PHI FOR PREPARATORY TO RESEACH

### CERTIFICATION OF COMPLIANCE WITH HIPAA PRIVACY RULE REQUIREMENTS

**Please submit this form to: Anna D'Amato-Snamiska, Summit Building, Suite 4250**

<i><u>Please Print</u></i>	
Date: _____	Name of PI _____
Requestors Name: _____	Department: _____
Contact information:	Office Location _____
	Telephone: _____
	E-mail: _____
Proposed research project (Title): _____	
_____	
List of PHI (minimum necessary) intended to be used preparatory to research:	
_____	
_____	

I acknowledge that the HIPAA Privacy Rule imposes restrictions on the use of protected health information (PHI) in activities preparatory to research. Activities preparatory to research are defined as:

- The development of a research question (formulating a hypothesis).
- The development of inclusion/ exclusion criteria.
- Study feasibility (available number of subjects with a specific diagnosis, eligibility of subjects).

I agree that:

1. Under this certification, I am permitted to use PHI only for the purpose of preparing a research protocol for grant preparation or IRB review within the parameters of the research activities listed above.
2. I will use only the PHI that is necessary for those preparatory to research activities listed above.
3. I will not remove any PHI from Children's Hospital during the course of my review as indicated by the HIPAA Privacy Rule. Furthermore, I will not record or disclose any PHI during the course of my activities preparatory to research.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_