

REQUEST TO ACCESS PROTECTED HEALTH INFORMATION REQUIRED TO PERFORM RESEARCH ON DECEDENTS

This form should be presented to the patient records department (or other site contact as designated by their HIPAA privacy officer) when requesting access to Protected Health Information in order to perform research involving the PHI of decedents. In general, the entity providing you access to their PHI will need to keep track of all records you access as part of their requirement to account for disclosures of PHI under HIPAA. That entity may also impose additional restrictions on access to the PHI of decedents. This form does not need to be reviewed by the UB IRB.

Principal Investigator's Name

Address

Phone

FAX

Email

1. Describe the research protocol / objective you are undertaking that requires access to Protected Health Information (PHI) associated with deceased individuals:
2. Describe the Protected Health Information (PHI) you must access to conduct this research:
3. Describe why access to the PHI requested is necessary to perform this research:
4. List the sites where PHI will be reviewed:
5. List any members of the potential research team who will be assisting you in this review process who may also request access to PHI as part of this review.
6. If requested by the entity providing PHI, can you provide documentation of the death of the individuals for which you are requesting access to their PHI?

Yes; No (explain):

Statement of the Principal Investigator

I affirm that this request for access to Protected Health Information is:

- *sought solely for research on the protected health information of decedents;*
- *that, at the request of the covered entity, documentation of the death of such individuals will be provided; and*
- *the protected health information for which use or disclosure is sought is necessary for the research purposes.*

Principal Investigator signature

Date