SUNY Upstate Medical University

HIPAA Review Preparatory to Research Request Form

This form must be completed if you are requesting access to information of University Hospital patients for the purposes of conducting a review of records preparatory to research. The access and use of protected health information for reviews preparatory to research is permitted as necessary for purposes of determining an adequate number of possible research subjects, to prepare a research protocol, or for similar purposes preparatory to research. The access to and use of protected health information in a review preparatory to research does not permit the continued use, or subsequent disclosure, by the researcher after it is determined that there is sufficient basis for a clinical trial or research study.

Principal Investigator/Project Coordinator_____
Project Title/Purpose:_____

"As the principle investigator or project coordinator, and on behalf of the research/project team assisting me, I certify that access and use of identifiable health information is necessary for the proposed research, will be used solely for the purpose(s) as outlined below, and that the identifiable health information will not be recorded or removed from SUNY Upstate Medical University during the review. Furthermore, I acknowledge that a review preparatory to research may only be performed by SUNY Upstate Medical University faculty, staff or students."

To access and use identifiable health information for a review preparatory to research, the principal investigator/project coordinator must complete the following information and submit this form to the Institutional Privacy Administrator for a determination.

1. Description, in plain language, of the purpose of the review:
   _____
2. Explanation as to why access to or use of identifiable health information is necessary to conduct the review:
   _____
3. The number of records that will be accessed/used and a description of the criteria for record selection:
   _____
4. Date or Time period during which access/use is required for the review:
   From_____to_____
5. Method of data collection:
   __Open record review ___Data Base extraction
   __ Electronic Data ___Specify Other:_____

Principal Investigator/Project Coordinator Signature:_____
Date:_____

An *Application Form for IRB Review of Human Subject Research* must be submitted if it is determined that the access, use, analysis or disclosure of the identifiable health information will be necessary to <u>conduct</u> a research study.

__Approved __Denied
Comments:_____
Referred for Further Review to ;_____
Reviewed By:_____
Signature:_____