

# Voluntary Faculty Approval to Conduct Research Necessitating Uses and Disclosures of Individually Identifiable Health Information (IIHI)

This form must be completed by the voluntary faculty member and the Chair of the Department and serves as a recommendation to the appropriate Dean that the voluntary faculty member named below be approved to use and disclose IIHI for research purposes.

Voluntary Faculty Researcher Name: \_\_\_\_\_

Department: \_\_\_\_\_

Chairman: \_\_\_\_\_

Dean: \_\_\_\_\_

**A. To be completed by the Voluntary Faculty Researcher:**

**Voluntary Faculty Attestation – Each section must be initialed:**

**As a voluntary faculty member of SUNY Upstate Medical University I request approval to use IIHI for Research purposes and attest to the following:**

- I will use and disclose IIHI only in accordance with applicable state, federal law and SUNY Upstate Medical University Policies. I understand I may seek guidance about these issues from the Privacy Officer, Office of Research Compliance and/or the Principal Investigator or Chair.
- I will use and disclose IIHI only in accordance with the study protocol as approved by the Institutional Review Board, Privacy Board, or designated representative, **AS ATTACHED**.
- I will deidentify the IIHI prior to disclosure to members of the study team who are not workforce members of SUNY Upstate Medical University unless an authorization from the patient or family has been obtained.
- I have completed all pre-requisites permitting uses and disclosures of IIHI for research purposes as established by SUNY Upstate Medical Policy, namely:
  - Cooperative IRB Training Initiative (CITI) education
  - Privacy Education
  - Signed SUNY Upstate Medical University Confidentiality Agreement
  - Issuance of a valid SUNY Upstate Medical University Identification badge

\_\_\_\_\_  
Signature of Voluntary Faculty Member:

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

**B. To be completed by the Chair of the Department:**

**As the Chair of the Department noted above, I have reviewed the credentials of the above-named researcher. I recommend that this voluntary faculty member be approved to use and disclose IIHI at University Hospital for Research purposes.**

\_\_\_\_\_  
Signature of Chairman:

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

**C. APPROVAL BY DEAN OR DESIGNEE:**

\_\_\_\_\_  
Signature of Dean or Designee:

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