**RESEARCH USING DECEDENT PROTECTED HEALTH INFORMATION**

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| **Section 1: STUDY INFORMATION & CONTACT INFORMATION** | | | |
| **Study Title:** | | | |
| **Principal Investigator:** | | | |
| **Employer:** | | | |
| **Mailing Address:** | **City:** | **State:** | **Zip:** |
| **Telephone: ( ) -** | **Email Address:** | | |
| **Research Staff needing**  **access to PHI:** | | | |

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| **Section 2: Use of Protected Health Information (PHI)** |
| **Please describe, with specificity, the research purposes for which you plan to use the decedents’ PHI:** |
| **Is the use or disclosure of PHI solely for research on the PHI of decedents?**  **Yes [ ]**  **No [ ] If no, please explain:** |
| **If requested, can you provide documentation of the death of the individuals for which you are requesting access to PHI?**  **Yes [ ]**  **No [ ] If no, please explain:** |
| **Is the PHI for which use or access being sought necessary for the research purposes?**  **Yes [ ]**  **No [ ] If no, please explain:** |
| **Describe why the research could not practicably be done without the PHI listed above:** |
| **Dates of required records: from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Please describe with specificity all PHI that will be used or collected: (for example, name, address, SSN, MRN, date of birth, date of death)** |
| **Please describe the safeguards you have devised to prevent the use and disclosure of PHI beyond the scope of this research project:** |
| **Anticipated Sources of Information: (check all that apply)**  **[ ] Paper records/Charts**  **[ ] Electronic Medical Records**  **[ ] Other, please specify** |

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| **Section 3: Principal Investigator Acknowledgments** |
| **I hereby request access to decedents PHI for research purposes and attest to the following:**   1. **The use or disclosure of the PHI is solely for research on decedents.** 2. **If requested by UVMMC, I am willing to provide documentation to establish the death of such individuals.** 3. **The requested PHI is necessary to conduct the research.** 4. **The PHI will not be further used or disclosed unless appropriate authorizations have been obtained.**   **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |