



**Use and Disclosure of Protected Health Information
Preparatory to Research
Investigator's Certification**

Investigator Requesting Access:

Name: _____

UH E-mail Address: _____

UH Department: _____

Describe the Protected Health Information (PHI) you wish to use/disclose preparatory to research (such as type and source of data, number of records requested, etc.).

Briefly describe how this PHI will be used/disclosed preparatory to research.

Describe how and where the PHI will be stored.

Identify the individuals who are authorized to review the requested PHI on behalf of the requesting Investigator.

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By signing below you are certifying that you have read, understand and agree to abide by the following requirements.

1. You are preparing and/or considering a research protocol;
2. In order to prepare or determine the feasibility of the research protocol, you require access to certain PHI;
3. The requested PHI is necessary to prepare for the particular research;
4. The PHI requested is limited to only that which is essential to conduct the activity related to preparation of the proposed protocol;
5. You have provided a complete list of the names of the individual(s) within the research team, who will be reviewing the information being sought;
6. At no time during the review will the information be removed from UH premises;
7. You will only disclose the information to non-UH personnel who have been researched credentialed.
8. Neither you, nor your staff, will contact patients about the proposed study or conduct any research until you submit and receive IRB or Privacy Board approval for a related human subject protocol;
9. You will review the PHI for which you have received approval only on or after the date of the approval of the Certification Form;
10. After the expiration date listed on the Certification Form, you will not access the PHI for research preparation unless you have submitted a request for extension and received approval from the UH Privacy Officer.
11. You will retain the PHI in accordance with the policies on human subject research, only if needed as part of an approved research protocol from UH. If no longer needed, you will destroy the PHI to ensure privacy and confidentiality of the PHI in accordance with UH policies and procedures.
12. You will abide by UH policies to ensure the privacy and security of UH patient PHI.

Signature of Requesting Investigator

Date

Signature of UH Privacy Officer/Date

Expiration Date

**Please submit the completed form to:
UH Privacy Officer
compliance@UHhospitals.org**