

USF HIPAA RESEARCH PRIVACY PROGRAM
PREPARATORY TO RESEARCH REQUEST FORM

INSTRUCTIONS: Complete this form in its entirety and submit it to the HIPAA Research Privacy Officer via e-mail at HIPAA-research.usf.edu. PHI will not be abstracted until this form has been signed by the Privacy Officer.

PI Name: _____

PI Department and College: _____

PI Contact Information (email and phone number): _____

Indicate the reason for the request (check one box):

- Currently approved protocol. Provide the name of the IRB of record and IRB approval number:

- Development of a new protocol or feasibility assessment for sponsored research.

1. Provide a brief description of the proposal protocol in a way that sufficiently justifies preparatory access to Protected Health Information (PHI):

2. Provide a description of PHI to be accessed and used (include the source of the records (Epic, other EMR) and a list of identifiers you are requesting):

As the PI of this proposed research, I attest to the following:

- The PHI is necessary for this activity;
- I will not remove PHI from the USF Covered Component;
- Neither I nor my staff will contact patients about the proposed study or conduct any research until I have submitted an application for this research to the USF IRB and received approval from the IRB of record; and
- I understand that the approval to review this PHI for preparatory to research purposes will expire at the end of the period specified below by the HIPAA Research Privacy Officer. At the conclusion of such term, I will no longer use or access the requested PHI for research preparation.

PI Signature: _____

Date: _____

HIPAA Research Privacy Officer or Designee: _____

Date: _____

Approval period: _____

A PREEMINENT RESEARCH UNIVERSITY