## St. Joseph's Health

## **HIPAA Review Preparatory to Research Request Form**

This form must be completed if you are requesting access to information of St. Joseph's 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.

Phone:	Fax:
	Title/Purpose:
assistir propose identifi during	e principle investigator or project coordinator, and on behalf of the research/project tearing me, I certify that access and use of identifiable health information is necessary for the ed research, will be used solely for the purpose(s) as outlined below, and that the table health information will not be recorded or removed from St. Joseph's Hospital the review. Furthermore, I acknowledge that a review preparatory to research may only formed by SSt. Joseph's Hospital employees, affiliates or students."
the pri	ess and use identifiable health information for a review preparatory to research, incipal investigator/project coordinator must complete the following information bmit this form to the IRB 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 t 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:  Fromto
5.	Method of data collection:Data Base extraction  Decify Other:Specify Other:
_	pal Investigator/Project Coordinator Signature:
is dete	plication Form for IRB Review of Human Subject Research must be submitted if it ermined that the access, use, analysis or disclosure of the identifiable health nation will be necessary to <u>conduct</u> a research study.
Appr	ovedDenied
Review	ents:ed for Further Review to:ed by: red by: ure: rm to your IRB IRBManager application

Macintosh HD:Users:dippeld:Desktop:Review prep to research.doc

Principal Investigator/Project Coordinator: