AdventHealth

FORM: Review Preparatory to Research

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IRBNet #:	Researcher Requesting Access to PHI:
Study Title:	

The purpose of this form is to allow the researcher named above to review protected health information in order to develop a protocol or determine protocol feasibility. This form must be completed/submitted by each researcher performing the reviews prep activity. For more information, please review 1) AH IRB Guidance related to HIPAA and Research; 2) CW CR 617 Authorization Use and Disclosure of PHI for Research.

I am requesting use of the following Protected Health Information[1] (PHI) for purposes indicated above (check all that apply):

- ☐ **Names**
- ☐ **Addresses including ZIP**
- ☐ **All dates (except year) and ages over 89**
- ☐ **Telephone numbers**
- ☐ **Fax numbers**
- ☐ **E-mail addresses**
- ☐ **Social Security Numbers**
- ☐ **Medical Record Numbers**
- ☐ **Health Plan Numbers**
- ☐ **Certificate/License Numbers**
- ☐ **Vehicle Identification/License Plate Numbers**
- ☐ **Account Numbers**
- ☐ **Biometric Identifiers**
- ☐ **Device Identifiers**
- ☐ **Full face photos & any comparable images**
- ☐ **URLs**
- ☐ **IP addresses**
- ☐ **Any other unique identifying number, characteristic, or code (except those assigned by an investigator to code the data)**

☐ **Other information from the medical record (i.e. diagnoses, medications, lab results *[test, date range]*, imaging results *[modality, site, date range]*, specific clinical documentation, etc.):**

I agree that the PHI to which I am seeking access is the minimum necessary for the purposes indicated above.

I agree that no PHI will be removed from AdventHealth's premises in the course of my reviews preparatory to research.

Signature of Researcher Requesting Access to PHI **Date**

[1]For additional information on research and the HIPAA Privacy Rule: http://privacyruleandresearch.nih.gov/clin_research.asp