



Request to Access Protected Health Information Preparatory to Research

I request access to protected health information maintained by Prisma Health to determine if sufficient data exists to prepare a research protocol related to the following:

I represent to Prisma Health as follows:

- Use or disclosure of protected health information is sought solely to determine if sufficient data exists to prepare a research protocol.
- No protected health information will be removed from Prisma Health premises in the course of the review.
- The protected health information for which use or access is sought is necessary for the research purposes.

In addition, I represent to Prisma Health that:

- I am a member of the Prisma Health medical staff; a Prisma Health employee who is a licensed clinical professional; or an authorized affiliate of the Health Sciences Center at Prisma Health.
- I have completed Prisma Health Citi Training.

Access is requested for myself and for the following investigators:

For purposes of this request, "protected health information" means any information, including demographic information, created or received by Prisma Health and healthcare providers furnishing services at any Prisma Health site that (1) is related to the past, present or future physical or mental health of an individual, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual; and (2) identifies the individual or it is reasonable to believe the information can be used to identify the individual.

I understand that once this request has been received and approved by the Prisma Health Institutional Review Board I, and anyone I have identified in this request, may access protected health information maintained by Prisma Health for the purposes described in this request.

Signature: _____

Date: _____

Printed Name: _____

Phone: _____

Department: _____

FOR IRB USE ONLY:

DECISION OF IRB DESIGNEE: Approve Disapprove

Signature of Academic Vice Chair

Date

A copy of this form will be returned to the individual making the request. The approved form MUST be presented to any report writer prior to any protected health information (PHI) being released.