

## NNMC Research Privacy Application Preparatory to Research

**Principal Investigator:**  
**Email address:**

**Department:**  
**Phone number:**

**Research Staff needing access to protected health information (PHI):**

The Privacy Rule (45 CFR 164.512) allows the use or disclosure of PHI required in order to prepare a research application or proposal, provided that certain criteria are met. Please read the following statements. **If you agree, please sign below.**

1. The use or disclosure requested will be limited to the preparation of a research protocol or for similar purposes preparatory to research.
2. No PHI will be removed from the covered entity by the researcher in the course of the review.
3. The requested information constitutes the minimum necessary data to accomplish the goals of the research.
4. The PHI that I am seeking to access is (specifically describe the minimum amount of information that is necessary to prepare your research protocol or for similar purposes preparatory to research):

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5. The following is: (1) a description of the research protocol that I am preparing; or (2) a description of the activity that is preparatory to research, for which the information described above is necessary:

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I agree that the PHI will not be re-used or disclosed to any other person or entity, except as required by law, for the authorized oversight of the research study, or for other research for which the use or disclosure of PHI would be permitted by the Privacy Regulation (45 CFR 164.512)

\_\_\_\_\_  
Principal Investigator's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Investigator's Name

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 Approve

Disapprove

\_\_\_\_\_  
IRB Chairperson's Signature

\_\_\_\_\_  
Date