Model Request for Permission to Access Identifiable Health Information of Deceased Individuals (HIPAA)

Investigator: _______________________________________________
Campus Address: ____________________________________________
4 digit zip_______________ Phone_________ Fax ___________
E-mail_________________________________________________

1. Describe the purpose of the research that you are proposing that requires access to information about deceased individuals. The purpose must be specific to research on decedents only.

2. Describe and justify the need for the specific identifiable health information that is being requested.

3. From what source will this information be obtained?

Statement of investigator:

I verify that this request for access to health information concerning deceased individuals is solely for the purpose described in #1 above, and that documentation of the status of these individuals as deceased can be provided to (covered entity) upon request.

________________________________________     _____________________
Signature of Investigator      Date

Approval of (Covered Entity) Privacy Officer:

________________________________________ ___________________________
Signature of (Covered Entity) Privacy Officer Date