(Covered Entity)

Model Request for Permission to Access Identifiable Health Information for Reviews Preparatory to Research
(HIPAA)

Investigator: _________________________________________________
Campus Address: ______________________________________________
4 digit zip_______________ Phone_________ Fax __________
E-mail_________________________________________________

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

2. From what source will this information be obtained?

3. In addition to yourself, identify co-investigators who will need access to the requested identifiable health information.

Statement of investigator:

I verify that this request for access to health information is solely for the purpose of preparing a research protocol (e.g., confirming that an eligible subject population exists at (covered entity) for the proposed study), and that the information will not be removed by myself or my co-investigators during the review. Neither I nor my co-investigators will use this information for recruitment purposes unless a) this recruitment method is first approved by the SUNY at New Paltz HREB and b) there exists a treatment relationship between myself and the subject.

________________________________________________     __________________
Signature of Investigator      Date

Approval of Research Privacy Officer:

________________________________________            _________________
Signature of Research Privacy Officer    Date