

(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.

3. From what source will this information be obtained?

4. 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 IRB **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