

(Covered Entity)

**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