

## Request to Review Data pertaining to Decedents for Research

1. Following is a description of the study for which I am requesting information on decedents.
  
  
  
  
  
  
  
  
  
  
2. Following is a description of the decedent information or records I wish to review and why.
  
  
  
  
  
  
  
  
  
  
3. This request is made pursuant to Section 164.512(i)1(iii) of the Department of Health and Human Services' privacy regulations promulgated under the Health Insurance Portability and Accountability Act (HIPAA) allowing health care providers to disclose protected health information (PHI) to researchers for purposes of conducting reviews preparatory to research without getting Patients' specific Authorization or a waiver of Authorization from an IRB or Privacy Board. \*\*\*
  
4. In accordance with this provision, I make the following representations:
  - a. I am seeking to review PHI solely pertaining to decedents;
  - b. I am seeking to review the PHI pertaining to decedents for research purposes.

Researcher's Name:

Researcher's Signature: \_\_\_\_\_

Date:

Researcher's Address and Telephone Number:

*Complete and send this form to the Human Subjects Committee – Lawrence (HSCL) Youngberg Hall,  
2385 Irving Hill Road, Lawrence, KS 66045-7563, email [hscl@ku.edu](mailto:hscl@ku.edu)*