

## **Request Form to Review Data for Pre-Research**

1. Following is a description of the study I am developing and the benefits I hope to gain from it.
  
  
  
  
  
  
  
  
  
  
2. Following is a description of the information or records I wish to review and why.
  
  
  
  
  
  
  
  
  
  
3. This request is made pursuant to Section 164.512(i)(ii) 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 obtaining 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 to prepare a research protocol or for similar purposes preparatory to research;
  - b. I will not remove any PHI from the premises in the course of the review; and
  - c. The PHI is necessary for the pre-research purposes.

Researcher's Name:

Researcher's Signature:

Date:

Researcher's Address and Telephone Number:

*Complete and send this form to the Human Research Protection Program – Lawrence (HRPP)  
Strong Hall, 1450 Jayhawk Blvd., Lawrence, KS 66045, email [irb@ku.edu](mailto:irb@ku.edu).*