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|  | Certification of Review Preparatory to Research |

**Purpose of this Certification Form**

This form is to be used to request access to view protected health information (PHI) from an FIU Covered Entity for the purposes of developing a research protocol or for similar purposes preparatory to research pursuant to Policy #2370.510, HIPAA & Research: Certification of Review Preparatory to Research. Please refer to that policy for capitalized terms in this form that are not herein defined.

**Instructions for Submitting this Certification Form**

1. Submit this completed form to the HIPAA Security Administrator of the respective FIU Covered Entity from which the access to PHI is being requested.
2. That Covered Entity’s HIPAA Security Administrator will approve or deny the form.
3. If approved by the HIPAA Security Administrator, the investigator must submit a copy of the approved form to the Office of Research Integrity via ori@fiu.edu for filing purposes.

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| **Administrative Information** |
| Project Title: |  |
| Investigator Name: |  |
| Department: |  |
| Phone Number: |  |
| Email Address: |  |
| Funding Source: |  |

The investigator makes the following certifications:

1. I am preparing/considering a research protocol on:

<*Investigator must briefly describe the proposed protocol in a way that sufficiently justifies preparatory access to PHI*>

1. In order to prepare or determine the feasibility of the above-described protocol, I require access to the following PHI:

*<Investigator must specify the particular database, class of patient records, HIPAA identifiers, etc.)>*
2. I will only review the PHI to which I am provided access and I will not copy, download, record or remove any PHI about any patient/subject.
3. I understand that this is a review preparatory research only, and I will not conduct any research with human subjects until I submit and receive approval from the FIU Institutional Review Board.
4. This certification for review of PHI preparatory to research will commence on the Approval Date noted below and will expire on the Expiration Date noted below. After that Expiration Date, I will no longer be permitted to access the PHI for review/research purposes.
5. I represent that all of the above statements are true.

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| Signature of Investigator |  | Date |

 **FOR FIU COVERED ENTITY USE ONLY**

Name of FIU Covered Entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This certification is: Approved Denied

Signature of HIPAA Security Administrator Approval Date

Name of HIPAA Security Administrator Expiration Date