University Health System, Inc.
PREPARATORY TO RESEARCH
Research Application

Researcher: _____ Dept: _____

Contact Person: _____

Email Address: _____ Phone #: _____

Study Title or Study Idea: _____
_____

Number of Records Needed: □ ≥ 50 □ < 50

The Privacy Rule (456 CFR 164.512) allows the use or disclosure of protected health information required in order to prepare a research application or proposal, provided that certain criteria are met. Please read the following statements. If you agree, please sign below. The attachment referenced in item 5 must be included to complete the application process.

1. The use or disclosure requested will be limited to the preparation of a research protocol or for similar purposes preparatory to research.

2. No protected health information will be removed from the University of Tennessee Medical Center campus by the researcher in the course of the review.

3. The requested information constitutes the minimum necessary data to accomplish the goals of the research.

4. I understand that I may identify but not contact potential study participants under the "Preparatory to Research" provisions of the Privacy Regulations.

5. Please attach a list of the selection criteria for records required (e.g. all male diabetics seen in the Diabetes Clinic), the dates of the records required (e.g. clinic visits during 4th quarter of 2007), and data fields required to complete the research application.

By submitting this form with all required information, the Researcher attests to the following:

I agree that the protected health information will not be shared or disclosed to any other person or entity, except as required by law, for the authorized oversight of the research study, or for other research for which the use or disclosure of protected health information would be permitted by the Privacy Regulations (45 CFR 164.512).

_____ _____
Researcher Date

_____ _____
Department Chair Date

Signed copies to:

Director, Medical Records Dept Box U110
UHS Compliance Officer CTB 310

DATA and/or RECORDS NEEDED FOR RESEARCH PROTOCOL

1. Selection Criteria (e.g. all male diabetics seen in the Diabetes Clinic)
   _____
   _____

2. Dates of required records: from __/__/__ through __/__/__.

3. Data fields required (list fields required from an electronic data base, or list fields to be recorded from the paper record by the researcher).
   _____
   _____
   _____

4. Anticipated sources of information (check all that apply)

   - ☐ Electronic medical record
   - ☐ Paper medical record
   - ☐ Other _____

March 2009