

Request for Waiver for Activities Preparatory to Research

Instructions:

Submit this form to the HIPAA contact for the appropriate Covered Entity.

Researcher
Date of Request
Email
Telephone
Describe patient PHI to be reviewed:
Covered Entity
Purpose of Review

I assure the Covered Entity named above that I will access the records described above in order to prepare a research protocol, or other similar activities related to preparing for research.

In compliance with HIPAA, I assure the Covered Entity of the following:

1. I will use the PHI described above solely to prepare a research protocol or for similar purposes preparatory to research.
2. The PHI described above is necessary to develop the research protocol or other activities preparatory to research; and
3. Neither I nor anyone working with me will remove any PHI from the Covered Entity's site.

Requestor Signature
Date
HIPAA Contact Name
HIPAA Contact Signature
Date