

REQUEST FOR WAIVER TO ACCESS PHI FOR ACTIVITIES PREPARATORY TO RESEARCH

Date of Request: _____

Researcher making request: _____

E-mail, telephone: _____

Describe what kind of preparation requires you to access and view PHI:

- Determine number of potential subjects
- Locate images or procedures suitable for research projects
- Prepare a proposal or protocol
- Prepare IRB application
- Other: _____

What database will you be accessing?

- Salud
- Dolphin
- CBCT images
- Other: _____

By when (exact date) do you expect to finish your preparatory activities? _____

In compliance with HIPAA, I assure GSDM 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 to conduct other activities preparatory to research; and
3. Neither I nor anyone working with me will download, print or otherwise take any PHI.

Requestor's signature: _____

Please send completed Requests to gsdmcomp@bu.edu.
If your request form has all required information, you can expect approval within 24-48 hours.