

**OKLAHOMA STATUE UNIVERSITY
CENTER FOR HEALTH SCIENCES**

AGREEMENT FOR RECORD REVIEW PREPARATORY TO RESEARCH

[This template agreement is to be completed by the investigator and presented to the Director of the OSU-CHS Health Information Management Department or an individual designated by the entity to receive such information in order to access to records/PHI.]

This Health Insurance Portability and Accountability Act (HIPAA) Research Agreement (The “HIPAA Agreement”) is made this _____ day of _____, 200____ by and between Oklahoma State University Center for Health Sciences (“OSU-CHS”) and _____ (“The Researcher”).

The HIPAA Privacy Standards govern the privacy of a patient’s identifiable health information (referred to hereafter as protected health information or “PHI”). The Privacy Standards set forth guidelines intended to preserve the integrity and confidentiality of PHI. The Privacy Standards can be found at 45 CFR, Part 164, Subpart E.

Section 164.512(i) of the Privacy Standards titled “Standard: Uses and Disclosures for Research Purposes” provides that OSU-CHS may disclose a patient's PHI to the Researcher for reviews preparatory to research based on the following representations from the Researcher, to which Researcher agrees to comply:

- (a) Researcher’s proposed use of the PHI is solely for preparing a research protocol or for similar purposes preparatory to research (e.g., to design a study or to assess the feasibility of conducting a study).

[Describe below the proposed protocol in a way that sufficiently justifies your preparatory access to PHI]

- (b) The PHI being sought to be disclosed is limited to the minimum necessary to achieve the purpose(s) of the review. In order to prepare or determine the feasibility of the above described protocol, Researcher requires access to the following PHI:

[Describe below the specific nature of the PHI that you are requesting for review and indicate why each of the data base, class of patient records, or other specific portions of PHI being requested is necessary to achieve the purpose(s) of the review]

- (c) The PHI to which Researcher requests access is necessary for the research project.

[Indicate why the PHI that you are requesting for review is necessary in order to prepare a research protocol]

- (d) The Researcher will not record, copy, or remove any PHI from OSU-CHS or from any of its affiliated health care providers in the course of the research review. This prohibition on removal or recording PHI applies to all information about any individual, identifiable or not, including age, gender, medical record number, diagnosis, hair color, etc.
- (e) The Researcher agrees and understands that the proposed review of PHI is preparatory to research and that Researcher will not conduct any research until a human participants research protocol is approved by the IRB of the OSU-CHS.
- (f) This Agreement for review of PHI preparatory to research will be effective on the date of the OSU-CHS signature below and expires on _____.
[Enter date that meets Researcher's legitimate needs.] After the expiration date, the Researcher shall no longer have access to PHI for review preparatory for research.

RESEARCHER:

_____ (Print or type name)

_____ (Signature)

**OKLAHOMA STATE UNIVERSITY
CENTER FOR HEALTH SCIENCES:**

_____ (Print or type name)

_____ (Signature)

_____ (Date)