

This form is for a Researcher / Investigator to request permission to review a limited number of records that contain protected health information (PHI) prior to conducting research to formulate a research hypothesis, assess the feasibility of a project, or determine the availability of data. Use and disclosures made under a Preparatory to Research Certification are subject to the HIPAA disclosure accounting requirement. The Researcher / Investigator listed below is required, per [Trinity Health Michigan Policies and Procedures](#), to contact the HIPAA Privacy Office to submit an accounting of disclosure related to your use or disclosure of PHI.

This Preparatory to Research Certification will expire after one (1) year from the date granted by the Privacy Board/IRB in writing.

GENERAL STUDY INFORMATION

IRB PROJECT #:			
PROJECT TITLE:			
RESEARCHER / INVESTIGATOR:			
INVESTIGATOR STATUS:	TH WORKFORCE MEMBER		NON-WORKFORCE MEMBER
PHONE NUMBER:		EMAIL:	
ADDRESS:			

PREPARATORY TO RESEARCH

To Custodian of Patient Information: Federal privacy standards issued by the Department of Health and Human Services (DHHS) pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) permit Trinity Health Michigan to make patient information available for review by an Investigator for protocol development and study feasibility, provided that the following representations are obtained from the Investigator (45 CFR 164.512(i)(1)(ii)).

Check all that apply.

1. Purpose(s) for which access to records maintained by or on behalf of Trinity Health Michigan is (are) sought:		Protocol Development (Option 1)
		Identification / Contact of potential research participants - not permitted for non-workforce members (Option 2)
2. Describe the nature and scope of the protected health information to which access is sought.		

3. Check the protected information you wish to access.			
	Name		Device identifiers and serial numbers
	Elements of dates including birthdate, admission date, date of death, and all ages ≤ 89 years of age		Full face photographic images and comparable images
	Fax Number(s)		Email Address(es)
	Social Security Number		Telephone Number(s)
	Health plan beneficiary numbers		Certificate or license number(s)
	Medical Record Numbers / Account Numbers		Website URLs
	Vehicle identifiers and serial numbers including license plate		Geographic information, smaller than State (i.e., city, county, zip code)
	Biometric identifiers (e.g., fingerprints, voiceprints)		Account number(s), including banking/payment information
	Any other unique identifying number, characteristic, or code:		

RESEARCHER / INVESTIGATOR ATTESTATION

The Researcher / Investigator represents that:

- Access to the requested information about the patients is sought solely for the purpose(s) indicated above.
- The requested patient information is necessary for the research purpose(s) indicated above.
- No individually identifiable patient information will be copied by the Investigator or removed from Trinity Health Michigan premises during the course of or following the review, and
- The Investigator must await acknowledgement from the Trinity Health Michigan Research Compliance Department prior to accessing records.

SIGNATURE OF INVESTIGATOR	DATE OF SIGNATURE