

**PREP-TO-RESEARCH ATTESTATION FORM 45 CFR 164.512(i)(1)(ii)**

Please complete this form and send to: Manager of RSDC, Harvard Pilgrim Health Care Institute, LLC, 401 Park Drive, 401-East,

Boston, MA 02115 or via interoffice mail to: \_\_\_\_\_.

**Project or Protocol Title:** \_\_\_\_\_

Researcher Name: \_\_\_\_\_ Researcher Phone: \_\_\_\_\_

Researcher Institution: \_\_\_\_\_

Address:

**A. Purpose** of the prep-to-research review:

\_\_: Feasibility for research funding application.

\_\_: Feasibility for research protocol development.

**B. Description** of PHI to be reviewed:

**C. Attestation:** I understand that my request to review the data is contingent upon my agreement that each of the following will be true each time I access the PHI for prep-to-research review:

1. The PHI review is solely to review the minimum necessary amount of PHI to prepare a research funding application and/or research protocol;
2. I will not remove any PHI from the data source during the prep-to-research review;
3. The PHI to be reviewed is necessary for the purpose described above;
4. The PHI accessed during this prep-to-research review will not be written down or recorded prior to initiation of the research study; and
5. The information reviewed during the prep-to-research review will not be used for any other purpose including presentation or publication.

*I certify that I will carry out the proposed data review in compliance with the attestation stated above:*

\_\_\_\_\_  
Researcher Signature

Date: \_\_\_\_\_

<b>Department:</b> Office of Sponsored Programs	<b>Title:</b> PREP-TO-RESEARCH ATTESTATION FORM
<b>Effective Date:</b> 2.6.18	<b>Owner:</b> OSP
<b>Reviewed By/On:</b> 2.6.18, 9.13.18	
<b>Replaces Form Dated:</b> n/a	
<b>Related Documents:</b> Policy and Procedure: Prep-to-Research Reviews of PHI Prior to Conducting Research	
<b>References:</b> HIPAA Administrative Simplification Regulation Text, March 2013, 45 CFR 64.512(i)(1)(ii).	
<b>Approved By:</b> CAJ and AHC	