

# Use of PHI in Activities Preparatory to Research Certification

## University of Wisconsin—Milwaukee

Name: \_\_\_\_\_

School/Center/Department: \_\_\_\_\_

Contact information at work:                      Office location: \_\_\_\_\_  
   Telephone number: \_\_\_\_\_  
   E-mail address: \_\_\_\_\_

I acknowledge that the HIPAA Privacy Rule imposes restrictions on the use of protected health information (PHI) in activities preparatory to research, defined as:

- the development of research questions,
- the determination of study feasibility (in terms of the available number and eligibility of potential study participants),
- the development of eligibility (inclusion and exclusion) criteria, and
- the determination of eligibility for study participation of individual potential subjects.

I therefore agree that:

1. Under this certification, I am permitted to use PHI only for the purposes of preparing a research protocol for grant preparation or IRB review or for those preparatory to research activities listed above.
2. I will use only the PHI that is necessary to prepare a research protocol for grant preparation or IRB review or for those preparatory to research activities listed above.
3. I will not remove any PHI, abstracted in the course of my review of PHI, from the University of Wisconsin – Milwaukee covered departments under the HIPAA Privacy Rule. The covered departments consist of the Covered Departments listed in UWM's Policies and Procedures for the Protection of Patient Health Information under the Health Insurance Portability and Accountability Act ("HIPAA"). Furthermore, I will not disclose the abstracted PHI under any circumstances to anyone outside of UWM's Covered Departments.
4. I will apply the above conditions to PHI maintained by the UW Covered Departments.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**This form must be signed and dated in order to be valid.**

***Filing Instructions:*** *Submit a signed and dated copy of this form to your department, section, center, or institute administrator and the original to the Privacy Office for your department, school, college or division.*

*A copy of this form should be retained for your records because it may be required before database or other record custodians grant you permission to access PHI.*