**REPRESENTATIONS FORM FOR RESEARCH**

**INVOLVING ONLY DECEDENTS’ INFORMATION**

 The Privacy Regulations issued under the Health Insurance Portability and Accountability Act (“HIPAA”) require researchers to make certain representations *before* using or disclosing a decedent’s protected health information (“PHI”) for research.

* “Use” means sharing PHI within the Chapman workforce
* A “disclosure” is sharing PHI with someone outside of the Chapman workforce.

 **This form must be completed by the researcher who intends to examine the deceased person's PHI *before* the researcher examines those records.**

**NOTE:** The researcher must track disclosures of PHI that are made during the project when reviewing the decedents’ PHI. This means that a record of any disclosures made during the review must be kept.

**The researcher intends to examine the deceased person’s information for the following research purposes:** (*please describe)*

**Please identify the source of the information the researcher proposes to examine for this study (e.g., the organization that has the data, clinical record system, etc.):**

**The researcher makes the following representations:**

1. The use or disclosure of PHI is sought solely for research on the PHI of decedents.

2. If the Institutional Review Board requests it, the researcher will provide documentation as

 to the death of the individuals.

3. The PHI is necessary for research purposes.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Researcher Date

Faculty Title, if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title, if not faculty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Department off the researcher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name