



**Access Request—Research  
Hillsborough County  
Research Request for Protected Health Information**

**Directions:** This form is to be used whenever a researcher requests access to protected health information. Its contents should be entered into the HIPAA compliance system by your Privacy Liaison.

Read this page carefully and sign the access request to confirm that you understand its content.

Provide the Name, Title, Organization, and Phone Number of Person Making Request:

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I am requesting the following research information between \_\_\_\_\_ and \_\_\_\_\_.  
(Date, Start of Research) (Date, End of Research)

Research requests for protected health information (PHI) must meet one of the following criteria:

- Our organization has obtained an alteration to, or waiver from, the authorization requirements of §164.508 consistent with all of the provisions of §164.512(i). Before receiving any PHI, our organization will provide complete copies and supporting documentation of the alteration(s) and/or waiver(s) to Hillsborough County as a part of this request.
- The PHI being sought is necessary for preparation of a research project and no PHI will be removed from Hillsborough County.
- The PHI being sought pertains only to deceased individual(s) and the information is necessary to the research project. Proof of death will be provided to Hillsborough County as a part of this request.
- The PHI being sought will be a data set in accordance with §164.514(e) and our organization will enter into a Data Use Agreement with Hillsborough County to obtain this data.
- Authorizations described in §164.508 have been or will be obtained from the individuals to allow use of their PHI for research purposes; and
- Copies of the individuals' authorizations are included with this request and/or authorizations will be obtained prior to requests for specific individual information. These authorizations meet all pertinent legal requirements and clearly state that Hillsborough County may disclose protected information to our organization for research purposes; or
- As a part of this request, Hillsborough County will obtain individuals' authorizations necessary to allow disclosing this information.

**Research Project Title and Description:** \_\_\_\_\_  
(You may use additional paper if necessary.)

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You must attach a description of the PHI being sought for this project.

This request and all associated documentation are compliant with all federal, state, local and professional laws, rules and regulations, and I understand that Hillsborough County is relying upon my claims to that effect. I further understand that it is the responsibility of my organization to ensure that all activities associated with this request meet said requirements.

Verification of requestor identity: \_\_\_\_\_

Verification of requestor authority (if applicable): \_\_\_\_\_

Print name of requestor: \_\_\_\_\_

<p><b>For internal use only:</b></p> <p>Date Received: _____</p> <p>Recipient: _____</p>
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**Original signature of requestor:** \_\_\_\_\_ **Date:** \_\_\_\_\_