PREPARATORY TO RESEARCH ATTESTATION

This form must be submitted to Health Information Management (HIM) when accessing to Protected Health Information (PHI) for purposes preparatory to research without a waiver from the IRB. If you have questions about this form and/or the research privacy policies at Allina Health, please contact the Director of Research Compliance at researchcompliance@allina.com. Send the completed form to **Attn: Document Management, Mail Route 20300, 2828 10th Avenue So., Minneapolis, MN 55407.**

Preparatory to research means actions taken to prepare for research, such as designing a study, assessing the feasibility of conducting a study, and determining existence of necessary population base, including chart review. If you cannot make the representations listed below, you need to seek a partial waiver from the IRB. To contact the IRB, please email: irb@allina.com.

PI INFORMATION

_____ _____
Principal Investigator Name Phone #

_____ _____
Street Address City/State/Zip

_____
Email Address

Name of Study/Project (use same name as provided in IRBNet if possible): _____
_____
_____

IRBNet#: _____

The researcher represents that:

- Use or disclosure is sought solely to review protected health information as necessary to prepare a research protocol or for similar purposes preparatory to research.
- No protected health information is to be removed from Allina Health by the researcher in the course of the review;
- The protected health information for which use or access is sought is necessary for research purposes.
- Researcher will safeguard data to protect it from unauthorized disclosure.
- The protected health information will not be re-used or disclosed to any other person or entity, except as required by law, for the authorized oversight of the research study, or for other research for which the use or disclosure of protected health information would be permitted by the Privacy Regulation (45 CFR 164.512)

_____ _____
Signature of Researcher (Principal Investigator) Date

Send the completed form to:
Attn: Document Management, Mail Route 20300, 2828 10th Avenue So., Minneapolis, MN 55407