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| Form H: | For IRB Use Only: | |
| RESEARCH INVOLVING DECEASED INDIVIDUALS | IRB No. | Click here to enter text. |
| | Date Submitted | Click here to enter text. |
| | Date Approved | Click here to enter text. |

All forms and research instruments should be submitted by email to kraig.knudsen@mh.ohio.gov or you may mail them to: Kraig Knudsen, Ph.D., Ohio Department of Mental Health, 30 East Broad Street, 8th Floor, Columbus, Ohio 43214-3430.

| | |
|---------------------------|---------------------------|
| TITLE OF RESEARCH: | Click here to enter text. |
| IRB #: | Click here to enter text. |

| | | DEPT | EMAIL |
|-------------------------------|---------------------------|---------------------------|---------------------------|
| Principal Investigator | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Other Investigator | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Other Investigator | Click here to enter text. | Click here to enter text. | Click here to enter text. |

Assurances under this provision of the HIPAA Privacy Rule require investigators who intend to perform a review preparatory to research to make certain representations before using or disclosing protected health information (PHI) in such a review. An IRB letter of approval must be secured prior to conducting such preparatory research. The investigator should provide this assurance to the IRB and the entity that controls PHI in order to secure access to this information.

1. The minimum necessary PHI to accomplish my work is: [Click here to enter text.](#)
2. Provide an outline of the objectives of the proposed research including why there is a need for preparatory access to PHI: [Click here to enter text.](#)
3. List all research staff needing access to PHI and his/her role in the study: [Click here to enter text.](#)

By signing this form, I certify that I will adhere to the following conditions:

- I will not remove any PHI from the covered entity that will not be recorded;
- The use/disclosure of PHI is sought solely for the purpose to prepare a research protocol; and
- The PHI for which use or access is sought is necessary for research purposes.
- If I record any PHI, it will not include patient name, medical record number, social security number, or patient account number.

SIGNATURES:

Principal Investigator or Student

Date

Faculty Advisor (*for student apps*)

Date

IRB APPROVED:

IRB Chair or Designee

Date