

**Medical Center Archives
New York-Presbyterian/Weill Cornell
1300 York Avenue # 34
New York NY 10021**

RESEARCH ACCESS TO PROTECTED HEALTH INFORMATION

Medical Center Archives is the repository for certain records (e.g., patient records) that contain individually identifiable health information. This information is recognized as protected health information (PHI) under the U.S. Federal Government's Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Privacy Rule [45 Code of Federal Regulations Parts 160 & 164, effective 4/14/2003] establishes the conditions under which PHI may be used or disclosed for research purposes [45 CFR §164.512(i)].

I. Permission to access the PHI of living individuals for research purposes must be separately applied for and be approved by the joint Institutional Review Board of New York-Presbyterian Hospital and Weill Medical College of Cornell University in accordance with the provisions of the Privacy Rule.

II. The Archivists will permit access to the PHI of deceased individuals if the researcher makes written representations that the use or disclosure being sought is solely for research on the PHI of decedents and that the PHI being sought is necessary for research. Individuals will be presumed to be deceased 100 years after date of birth or date of record creation, whichever occurs first. In all other instances, the researcher must provide written proof of death.

REQUEST FOR PERMISSION TO ACCESS PROTECTED HEALTH INFORMATION OF DECEDENTS

Name of Researcher: _____

Organization/Affiliation: _____

Address of Researcher: _____

Phone/Email: _____

Reason/Description of Research: *(attach additional sheets if necessary; indicate your relationship to the deceased when requesting access to records of relatives)*

Access to the following records is requested: Please note the name of the hospital, name of the patient (if applicable), and dates *(attach additional sheets if necessary)*

I hereby certify that access to these records is solely for research on the PHI of decedents and that access to such records is necessary for the purposes of my research. I also understand that Medical Center Archives supports and encourages the practice of publishing any research findings in a form that does not individually identify human subjects.

Signature of Researcher: _____ Date: _____

Signature of Archivist Granting Access: _____ Date: _____