



Date of Request:	Principal Investigator (PI):
Title of Research Project:	
Number of the Related Data Sharing Agreement Application (DSAA):	
PI's Phone:	PI's Email:
Government Sponsor:	
Sponsor's Phone:	Sponsor's Email:

I. Purpose of this Document

The HIPAA Privacy Rule, as implemented by Department of Defense (DoD) Health Information Privacy Regulation (DoD 6025.18-R), requires researchers who intend to perform a review preparatory to research to make certain representations before Protected Health Information (PHI) can be used and/or disclosed by TMA. This document facilitates the researcher in making and recording the required representations.

II. Required Information

1. Provide a brief description of the research project.
2. Explain why PHI is required preparatory to research.
3. Please clearly list the minimal amount of PHI necessary for your review preparatory to research. The PHI indicated in your response must be consistent with the more extensive list of all data elements provided in your Data Sharing Agreement Application (DSAA).

NOTICE: Any and all attachments to this Application must include the name of the research project indicated on this form, the above-referenced date of request and the name of the PI.



III. Required Representations

As PI of the research project indicated on this form, I make the following assurances to the TMA Privacy Board: **(initial each assurance and sign below)**

_____ The use or disclosure sought is solely to review PHI as necessary to prepare a research protocol or for similar purposes preparatory to research.

_____ No PHI will be removed from TMA in the course of the review.

_____ The PHI for which use or access is sought is necessary for the research purposes.

_____ I understand that the TMA Privacy Board is NOT an Institutional Review Board and is not authorized to review and/or approve human subjects research regulated under the Common Rule.

_____ I understand that the above representations are binding upon and will inure to the benefit and obligation of the PI of the research project indicated on this form and his/her respective successors and/or assigns.

In accordance with DoD 8520.02, only Principal Investigators with a CAC card may provide an electronic signature as permitted on this template. For Principal Investigators who do not have a CAC card, please print the completed application, provide a handwritten signature, and scan the document so that it may be attached to an email for submission.

PI Signature

Date

PI Printed Name

For Viewing Purposes Only



TMA PRIVACY BOARD

Privacy Board Request #

REQUIRED REPRESENTATIONS FOR REVIEW
PREPARATORY TO RESEARCH

FOR TMA PRIVACY BOARD USE ONLY

Privacy Board Request #: _____

The Required Representations for Reviews Preparatory to Research are:

APPROVED **DENIED**

In accordance with DoD 8520.02, only TMA Privacy Board members with a CAC card may provide an electronic signature as permitted on this template. For board members who do not have a CAC card, please print the completed application, provide a handwritten signature, and scan the document so that it may be attached to an email for submission.

Signature of a Designated TMA Privacy Board Member

Date

Printed Name of Designated TMA Privacy Board Member