

REQUEST FOR ELECTRONIC HEALTH DATA

3. I certify that: (To be completed by principal investigator)

1. I agree to comply with UNMC Policy 6045, "Privacy, Confidentiality and Information Security" and UNMC Policy 6051, "Computer Use and Electronic Information Security".
2. I certify that use of the PHI/de-identified data described above will be used only for the purpose stated above.
3. I certify that the requested data is the minimum amount of PHI/de-identified data necessary to accomplish the purposes stated above.
4. I agree to destroy the PHI/de-identified data after use.
5. I agree to store the PHI/de-identified data on secure network servers or encrypted AND password protected local computer drives or mobile devices.

If I am requesting PHI for a review preparatory to research, I certify that:

1. Review of the protected health information will be conducted solely to prepare a research protocol or for similar purposes preparatory to research;
2. I will not copy nor remove any protected health information from the University of Nebraska Medical Center campus in the course of review; and
3. The protected health information for which use or access is sought is necessary for research purposes.

Faculty PI Signature/Title

Date

Please upload the signed form to the EHR Request form to complete your application