 Health Records Approval Form for
 External Researchers

**Who Should Use this Form?** Every non-Fraser Health researcher who is planning to conduct research that requires access to personal information must use this form to obtain permission, regardless of funding. Note that the study budget for any funded study must include provision for the costs of any research-related services.

A non-Fraser Health Researcher is an academic researcher who does NOT have an affiliation agreement with Fraser Health for the purposes of conducting research in Fraser Health.

**How to Use this Form:**1. The researcher must complete boxes 1-7.
2. The completed form must be signed and submitted to Patty Chaster, Research Lead for Health Records, for review and approval, together with all necessary documentation, before research activities can begin.

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| **1. Title of Research Study:** |
| **2. Principal Investigator:**Surname: Given name:Position: University/Dept/facility:Email: Phone #: Fax #: |
| **3. Brief Summary of the Proposed Research:** |
| **4. Category of Research Project (check one or more as applicable):**🞎 Chart Review. If yes: 🞎 Concurrent 🞎 Retrospective🞎 Other – please describe: |
| **5. Estimated Start Date:** [day/mo/year] **Estimated Completion Date:** |
| **6. Request Criteria** (Timeframes, data sources, other details) Please indicate # of records requested |
| **7. Name of Funding Body:**Invoicing address:I agree to pay charges as levied by the Health Record Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature |
| **Health Record Department Use** |
| **Supporting documentation attached?** 🞎 Yes(Certificates of approval and/or consent forms 🞎 Nofrom the institutional REB) |
| **Photocopies of records required?** 🞎 Yes **Note:** All photocopies will be de-identified. 🞎 No |
| **Consents required?** 🞎 Yes 🞎 No |
| **Audit by Outside Agency required?** 🞎 Yes – how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 No |
| **Invoicing:** 🞎 By fiscal periods – starting with\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 At end of project**Statement of Account to be sent to:** |
| **APPROVED: DATE:**(Patty Chaster, Research Lead for Health Records) |

**FEE SCHEDULE – RESEARCH REQUESTS**

Record Retrieval (on and off-site): $5.00 per record

Offsite courier / retrieval / re-file charges: Actual costs\*

Photocopying charges: $.25 per page

Courier fee: Actual costs

\* Where possible, all records for a research project will be retrieved under a single order in order to minimize courier charges. Retrieval/re-file rates currently are approximately $5.00 per record.

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