



DEPARTMENT OF MENTAL HEALTH

REPRESENTATION OF RESEARCHER TO REVIEW PROTECTED HEALTH INFORMATION HELD BY LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH TO PREPARE FOR RESEARCH

Name of requesting individual:	Date:
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Describe the health information that is the subject of the request to review:

Explain the purpose supporting the need to access the health information:

By signing this form, I hereby represent to the Human Subjects Research Committee (HSRC) and to the Department of Mental Health the following:

- a. My review of the health information will be limited as necessary for me to prepare for research.
- b. I will not remove the health information from the area allocated to me by the Department to review the health information, and will record the health information reviewed only in a manner that the subjects of the information cannot be identified.
- c. My review of the health information is necessary for the research I am conducting.

Researcher's Name (Print)	Signature	Date
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Signature of HSRC Committee Member	Date
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