

**Application for Access to the Alan Mason Chesney Medical Archives  
for Reviews Preparatory to Research**

I, the undersigned, wish to access materials that do or may contain protected health information (“PHI”) as defined in the privacy regulations issued under the Health Insurance Portability and Accountability Act (the “Privacy Rule”).

Purpose of the review: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Persons with whom health information will be shared: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Persons other than myself who will conduct the review: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I make the following representations to the Archives:**

- **I seek access to the materials described in the Registration solely to prepare a research activity or for similar purposes preparatory to research.**
- **I will not remove any protected health information.**
- **I affirm that access to the requested materials is necessary for my research purposes.**
- I understand that during my review preparatory to research I may not record any information that could be used to identify the subjects of that information

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please type or print name

**Note to Researcher:** If the request for review preparatory to research is approved by the Archives, it is your responsibility to keep an accounting of those to whom you disclose PHI at any time during the review preparatory to research. Under the Privacy Rule, an individual whose PHI you obtain may request an “accounting of disclosures” for the six-year period prior to the request or since the applicable compliance date. An accounting for disclosures of identifiable health information is not required when PHI is shared with a researcher who is an employee or workforce member of a Johns Hopkins covered entity.

**Archives Action:**

- Approved**
- Other Action** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Signature of Archives Representative

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Date

**Other Action:**

For the reasons described below, the Archives has determined that the Registration and this Attachment C do not satisfy the requirements of the Privacy Rule. The researcher may apply to the Privacy Board for a waiver of Privacy Authorization (Attachment D-2) or contact the Archives staff for guidance in revising the Registration and this Attachment C for resubmission.

Findings and recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Signature of Archives Representative

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Date