



ARCHIVES ACCESS AGREEMENT FORM

I understand that the materials to which I have requested access may contain protected health information (PHI) as defined in the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA). If I require access to a specific series of patient-centered records, e.g. casebooks, autopsy logs, etc., I understand that I must apply for a waiver of authorization from the Mount Sinai IRB. However, if I detect any PHI during the course of my research in non-patient records at the Mount Sinai Archives, I agree to take no notes on the PHI and agree not to re-disclose the PHI to any other party.

I understand that the materials to which I have requested access may also contain information of a confidential or private nature. In this case I also agree to not take any notes on this confidential material or to disclose this information to others.

I understand that if I request copies of materials from the Archives that have any PHI or confidential data in them, this information will be redacted unless prior authorization has been obtained from the patient.

(Signature)

(Date)

(Print name)

(Address)

(Phone)

(Email address)



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