

RESEARCHER CERTIFICATION FOR PHI OF DECEDENTS

This form must be completed by any researcher seeking access to a decedent's protected health information for research on that decedent.

Researcher Name:	Last	First	MI
		INFORMATION REQUESTED	
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Please describe in you would like to re		w the protected nealth information [ii	ncluding the name of the decedent(s)]
		SPECIFIC REPRESENTATIONS	
of the decedent(s) information about an I affirm that access	named above. nother living per to the above pro	I understand that I may not request a rson such as a decedent's living relati otected health information is necessal	
By signing below,	I represent tha	at all of the above statements are tr	ue.
Print Name of Rese	archer	Signature of Researcher	 Date