**INSTRUCTIONS:** This form must be completed if the proposed study will use HPHC data and obtain the data from a non-RSDC department. Access to the data must be reviewed and approved by the Harvard Pilgrim Health Care VET team. It is strongly recommended that you begin this process a minimum of six weeks prior to the application submission date. Submit this completed Appendix C to the appropriate Grants Manager in the Office of Sponsored Programs along with the SPA and Routing and Certification Form. The Grants Manager will route for review and signatures.

1. **STUDY INFORMATION**
2. Title of Project:
3. HPHC/I Principal Investigator/Degree(s):
4. **DEPARTMENT and DATA INFORMATION**
5. Name of Department:
6. Location of Department:
7. Will you be obtaining identifiable private information about individuals (45CFR46.102(f)(2))?

**Yes** **No**

1. Will you be interacting or intervening with living individuals for this study??

**Yes** **No**

1. Will you be obtaining Protected Health Information (PHI)?

**Yes** **No**

1. Will you be sharing PHI or identifiable private information with any personnel outside of HPHC?

**No** **Yes**; If Yes, list the personnel who will have access:

1. Will the project use HPHC employee data?

**No** **Yes**; If Yes, you must also obtain approval from the HPHC Privacy and Security Committee

1. Provide a description of the data:
2. **CERTIFICATIONS**

The Business Unit Managers and Privacy and Security Committee are required to sign the Routing and Certification Form, Section J.