### APPENDIX C

**AD** **8-150**

### AGREEMENT FOR ACCESS TO PERSONAL HEALTH INFORMATION FOR RESEARCH PURPOSES

**BETWEEN:**

## NORTHERN REGIONAL HEALTH AUTHORITY

(hereinafter referred to as the “NRHA”)

**- and -**

Click here to enter text.

(hereinafter referred to as the “Researcher”)

Once the research project has been approved by the NRHA, including the terms and conditions of access to the personal health information noted below, this becomes a legal agreement between the Researcher and the NRHA. The Research Proposal Summary must be appended to this agreement and forms part of the legal agreement.

The collection of the information referenced on this form is in accordance with the Personal Health Information Act and satisfies the following criteria:

* The research is of sufficient importance to outweigh the intrusion into privacy that would result from the disclosure of personal health information;
* The research purpose cannot be accomplished unless the personal health information is provided in a form that identifies or may identify individuals; and
* It is unreasonable or impractical for the person proposing the research to obtain consent from the individuals the personal health information is about.

*Researcher to complete sections 1 and 2, then sign at bottom.*

# Identification of Researcher

|  |  |
| --- | --- |
| Click here to enter text. | |
| Name (last name/first name/middle initial) |  |

1. The researcher requests access to the following records that contain personal health information and are in the custody or under the control of the NRHA.

(Describe the records below)

|  |
| --- |
| Click here to enter text. |

1. The Principal Investigator agrees to the following terms and conditions:
   1. Prior to the collection of data from individuals, the purpose/process/assurance of confidentiality must be clearly communicated to the subject(s) and the data must be used, processed and kept confidential exactly as stated;
   2. Information potentially identifiable to an individual will be kept confidential and securely safeguarded, entered into a data base that does not identify individuals, stored in a secure area for a predetermined period and then destroyed by incineration, all at the earliest opportunity consistent with the purpose of the project;

|  |  |  |
| --- | --- | --- |
|  | Specify safeguards: |  |
|  | Click here to enter text. | |

|  |  |
| --- | --- |
|  | Specify process whereby identifying information will be removed and/or destroyed: |
|  | Click here to enter text. |

* 1. The requested personal health information will be used solely for the purposes of the approved research project; and
  2. The requested personal health information will not be published in a form that could reasonably be expected to identify the individuals concerned.

1. The NRHA agrees to grant access to the records on the terms and conditions specified in this document.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Signed at: | location | this | date | | day of | month | , 20 | year |
|  | |  | |  | | | | |
| Signature of Principal Investigator | |  | | Signature of NRHA CEO or Designate | | | | |