



## DEPARTMENT OF MENTAL HEALTH

### REPRESENTATION OF RESEARCHER TO REVIEW PROTECTED HEALTH INFORMATION HELD BY LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH TO PREPARE FOR RESEARCH

Name of Requesting Individual:	Date:
--------------------------------	-------

Describe the health information that is the subject of the request to review:

---



---



---



---



---

Explain the purpose supporting the need to access the health information:

---



---



---



---



---

By signing this form, I hereby represent to the Human Subjects Research Committee (HSRC) and to the Department of Mental Health the following:

- My review of the health information will be limited as necessary for me to prepare for research.
- I will not remove the health information from the area allocated to me by the Department to review the health information and will record the health information reviewed only in a manner that the subjects of the information cannot be identified.
- My review of the health information is necessary for the research I am conducting.

Researcher's Name (Print)	Researcher's Signature	Date
Signature of HSRC Committee Member		Date