



DEPARTMENT OF MENTAL HEALTH

REPRESENTATION OF RESEARCHER TO REVIEW PROTECTED HEALTH INFORMATION OF DECEDENTS HELD BY LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

Name of Requesting Individual:	Date:
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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 only for the limited purpose of research using decedents' health information.
- My review of the health information is necessary for the research I am conducting.
- If the Department requests, I will provide documentation of death of the individuals whose health information I will review.

Researcher's Name (Print)

Researcher's Signature

Date

Signature of HSRC Committee Member

Date