



**Database Registration and
Preparatory to Research Certification
for Database Custodian**

Registration: Type (check one):

- Initial database registration
 - Database information update
-

Please supply all of the following information:

1. Database name. For registration purposes, please name the database.

2. Database custodian. For registration purposes, please designate a custodian who will be accountable for research uses of the database. The custodian may be an individual or an entity.

Name of Individual:

Name of School, Department, Section, Center, or Institute (if not applicable indicate NA):

Name of research group (if not applicable indicate NA):

3. Database contact person. The contact person may be the custodian of the database.

Name: _____

Phone #: _____

Mailing Address: _____

Email Address: _____

4. What is the general purpose of the database (check **all** that apply)

- Patient Care
- Quality Assurance
- Billing
- Preparatory to Research
- Research
- Contracting
- Other (describe): _____



5. What are the sources of data for this database, e.g., direct from patient or from an institution? Please include, as applicable, the name of any institution, any information system designation, and the original medium of data used.

6. Describe the security precautions protecting this database:

7. Will the database custodian personally perform preparatory to research activities using this database?

YES Sign for database registration plus read and sign the Preparatory To Research Certification below.

NO Sign for database registration only

My signature as database custodian on and filing of this form completes the registration of the above named database. If custodian is an entity, the head of the entity should sign as custodian.

Signature for database registration

Date

Preparatory To Research Certification: I acknowledge that the HIPAA Privacy Rule imposes restrictions on my own use of the protected health information (PHI) in the database named above for preparatory to research activities, defined as:

- The development of research questions,
- The development of eligibility (inclusion and exclusion) criteria,
- The determination of study feasibility (in terms of the available number of potential study participants),
- The determination of eligibility for study participation of individual potential subjects.

I therefore agree that:

1. Under this certification, I am permitted to use PHI only for the purposes of preparing a research protocol for grant preparation or IRB review or for those preparatory to research activities listed above.
2. I will use only the PHI that is necessary to prepare a research protocol for grant preparation or IRB review or for those preparatory to research activities listed above.



3. I will not remove any PHI, abstracted in the course of my preparatory to research activities, from the University of Wisconsin (UW) covered entities. The covered entities include the Health Care Components of UW-Madison, the UW Hospitals and Clinics, and the UW Medical Foundation, including its clinics. Furthermore, I will not disclose the abstracted PHI under any circumstances to anyone outside of the UW covered entities.

4. I will apply the above conditions to PHI maintained by the UW covered entities.

Signature for preparatory to research activities

Date

Filing Instructions: *Submit a signed and dated copy of this form to the HIPAA Privacy Officer and to the administrator of your department, section, center, or institute. You may submit your completed form electronically to the Privacy Officer at hipaa@wisc.edu, or by mail at:*

*UW-Madison HIPAA Privacy Officer
361 Bascom Hall, 500 Lincoln Drive
Madison, WI 53706*

In addition, if you are a database custodian, use your database for preparatory to research activities, and have signed the preparatory to research certification above, you must file an additional copy of this form with your department, section, center, or institute administrator.