

**REQUEST FOR DECEDENTS' PROTECTED HEALTH INFORMATION**

\_\_\_\_\_ (“**Researcher**”) requests access to Protected Health Information held by the University of Southern California regarding one or more individuals who have been deceased for less than 50 years.

Researcher is conducting the following research study:

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The following Protected Health Information is requested:

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Researcher represents that:

- Researcher will use/release the Protected Health Information solely for research on the Protected Health Information of the decedents (e.g., and not also the living relatives of decedents);
- The individuals for whom research is being conducted are deceased and, upon request by USC, Researcher will provide documentation as evidence (e.g., death certificates);
- The Protected Health Information is necessary for the research study described above.

Researcher hereby certifies that the above information is true and correct and that Researcher will carry out the proposed data collection in compliance with these representations.

\_\_\_\_\_  
**Researcher**

\_\_\_\_\_  
**Date**

**Email:**

**Phone:**