

ECU Physicians – The Brody School of Medicine at East Carolina University

Centricity/Logician Report Request

Fax Completed form to 744-5504 or send to LSA #1, Room 12

Centricity/Logician Report requests must have IRB prior approval before a report is distributed for any of the following reasons:

Research means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to a generalized knowledge.

Human subject means a living individual about whom an investigator (whether professional or student) conducting research obtains:

- (1) Data through intervention or interaction with the individual, or
- (2) Identifiable private information.

***Principal investigators must ensure adequate records are maintained of all disclosures of PHI when:**

- (1) UMCIRB Waiver for Authorization has been granted
- (2) Preparation for research
- (3) Decedent's PHI

REFER TO ECU HIPAA PRIVACY POLICY <http://www.ecu.edu/hiss>, ACCOUNTING FOR DISCLOSURES OF PROTECTED HEALTH INFORMATION, 0011.

(Please do not use ASAP—2 weeks is HIGH Priority)

Requested by: _____ **Date of Request:** _____ **Date Needed:** _____

Dept: _____ **Location:** _____ **Phone:** _____

Report Name: _____

Priority: ___ Low ___ Med ___ High ___ Request for Meeting to discuss reports/Contact: _____

Reason for Report: (Please be specific. If any of the above criteria are met, provide documentation from the IRB with your request.)

Criteria for Query: (please be descriptive, include date ranges, etc. i.e. My patients, over 50, seen in Endo in past month with ICD-xxx.xx)

Fields to be shown on report: (example: IDX#, DOB, ICD, etc.): _____

The information contained in this report is the confidential property of East Carolina University School of Medicine. *The use of this report is restricted to quality assurance, educational functions and/or general improvement in medical care.* The user further agrees not to use this information for research or publication without gaining approval of the Institutional Review Board.

***Report Requester Signature:** _____ **Date:** _____

***Department Head Signature:** _____ **Date:** _____

(Note: No requests can be processed without the written approval of the Department Chair.)

(Reports of data for external release will need signature of the Privacy Officer)

Privacy Officer Signature: _____ **Date:** _____