

The Personal Health Information Act of Manitoba



AGREEMENT FOR ACCESS TO PERSONAL HEALTH INFORMATION FOR RESEARCH PURPOSES BETWEEN:

Riverview Health Centre
(hereinafter referred to as the "RHC")

- and -

(hereinafter referred to as the "Principal Investigator")

This agreement is used once a proposal to access personal information for research purposes has been approved by the RHC. Once the person conducting a health research project ("Principal Investigator") has signed this form and the terms and conditions of access have been approved by the RHC, it becomes a legal agreement between the Principal Investigator and the RHC. The RHC Research Access Application Form must be appended to this agreement and forms part of the legal agreement.

The collection of the information referenced on this form, is authorized by *The Personal Health Information Act* and will be used only to administer the research project. The Manager of Education and Research can be contacted with any questions concerning this agreement or the collection of the information on this form.

Identification of Principal Investigator

Name (last name/first name/initials)

Address: _____ Telephone: _____

Fax: _____

E-mail: _____

Title of Research Proposal: _____

Research Department approval is dependant upon the Principal Investigator providing a copy of the Research Ethics Board final approval letter to the Research Committee Chair.

Please provide the following additional information if applicable:

Institutional Affiliation and/or Department: _____

Position: _____ Academic Advisor (if student): _____

1. The Principal Investigator has requested access to the following records that contain personal health information and are in the custody or under the control of the RHC for the proposal as identified below:

Title of Research Proposal: _____

Describe the Records: _____

(the "records")

2. The Principal Investigator agrees to the following terms and conditions:
- a) not to publish the personal health information requested in a form that could reasonably be expected to identify the individuals concerned.
 - b) to use the personal health information requested solely for the purposes of the above-named approved research project;
 - c) to destroy the information or remove all identifying information at the earliest opportunity consistent with the purpose of the project.
 - Specify when identifying information will be destroyed: _____
 - Specify procedures to destroy identifying information: _____
 - d) to use reasonable safeguards to protect the confidentiality and security of the personal health information:
 - Specify safeguards: _____
 - OR
 - Attach the REB submission form and specify area where this is stated. _____
3. The RHC agrees to grant access to the records on the terms and conditions set out in paragraph 2.

Signed at: _____ this _____ day of _____, 20 _____

Principal Investigator

Name: _____

Address: _____

Telephone: _____

Representative of Institution

Name: _____

Position: _____

Institution: _____

Telephone: _____

SIGNED COPY TO BE RETAINED IN RESEARCH AND EDUCATION DEPARTMENT