



Children's Hospital Boston

CHILDREN'S HOSPITAL BOSTON ARCHIVES APPLICATION FOR USING ARCHIVAL MATERIAL

Permission to Examine:

Children's Hospital values privacy and respect for personal information about its patients, employees and staff. Our business, research, and financial information is also considered confidential. Children's Hospital Boston Archives will consider all applications for access to its holdings. However, some materials held in the archives may require further review and consultation prior to information being released, to ensure compliance with privacy laws. When requesting access to archival holdings, requesters first need to complete this application which will be reviewed and processed by Archives staff.

Permission to examine material will only be granted to researchers upon completion of this application form and agreement to abide by the Archives Policies and Procedures. Permission is granted subject to any restrictions placed on the material by applicable laws, the donors or depositors. Children's also reserves the right to deny or restrict access to archival material at any time if in its judgment it is necessary, reasonable or appropriate to do so.

Full Name of Requester (please print)

Title of Requester

Date of Request

If you are acting on behalf of Children's Hospital Boston or one of its affiliates please indicate below:

Institutional Affiliation (check all that apply)

- Harvard Medical School
- Dana Farber
- Brigham and Women's
- Partner's Health Care System
- Other institution (provide details below)

Application for Using Archival Material
Page 2

Other Institution

Department

Work Address

Work Telephone Number

Email

Department

Are you a non-Harvard affiliated researcher? If so, please provide the following information:

- Credentials (attach copy of CV/Resume)
- ID (License or hospital badge)
- Web site
- Two References

Information Requested (attach additional sheets if necessary)

- Describe the type of information requested
- Describe and state the purpose of your inquiry in detail (Please type or print below)

Application for Using Archival Material

Page 3

Check the format(s) in which you intend to use the materials:

- Publication/Journal
- Broadcast
- Film
- Distribution
- Exhibition
- Newspaper
- Legal Purpose
- Educational Purpose
- Other

Has a Privacy or Internal Review Board reviewed a similar request for your research?

- Not required
- Pending
- Access requested (Please attach copy of notification letter)
- Access Denied

Research Sponsor

Description of Research

Project Deliverables

Audience (List name of individual(s) or organization(s) information will be shared with)

Date Needed/Deadline

Requester's Work Telephone Number

Requester's Email

If your research is grant supported, please attach a copy of the grant application and award letter to this application.

Please note: the Hospital Archivist may ask for further information to process this request.

Application for Using Archival Material

Page 4

Agreement:

I agree to abide by all requirements, terms, and conditions imposed by Children's Hospital Boston upon my use of the archival material. Further, in consideration of my being granted permission to examine archival material on the terms set forth above, I agree to indemnify and hold harmless Children's Hospital Boston, its officers, employees, and agents from and against all claims and actions arising out of my use of the manuscripts and other archival material.

I understand that the materials to which I have requested access may contain protected health information (PHI) as defined in the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA). If I require access to a specific series of patient-centered records, e.g. casebooks, autopsy logs, etc., I understand that I must provide appropriate consent and authorization, which may also include a waiver of authorization if this is an IRB approved study. However, if I detect any PHI during the course of my research in non-patient records at the Children's Hospital Boston Archives, I agree to take no notes on the PHI and agree not to re-disclose the PHI to any other party.

I understand that the materials to which I have requested access may also contain information of a confidential or private nature. In this case I also agree to not take any notes on this confidential material or to disclose this information to others. I understand that if I request copies of materials from the Archives that have any PHI or confidential data in them, this information will be redacted unless prior authorization has been obtained from the patient, student or staff member.

(Signature)

(Date)

Application for Using Archival Material
Page 5

To be completed by Archivist:

Archives Action:

Based upon the description of the purpose provided by the Requestor, staff of the Archives have determined as follows:

- The request for access is approved for the stated purpose
- The request for access is denied for the stated purpose
- Other Action
 - Consult the following departments
 - IRB
 - Medical Records
 - Compliance
 - Legal Department
 - Other

Date Request Completed

Collections/Files used (if known)

Forms completed:

- Permission to Publish
- Photo-duplication Request

Information sent to Researcher

Signature of Archivist

Date