

42 CFR Part 2 Addendum Form*

*This form must be completed by any researcher desiring to conduct a review preparatory to research involving alcohol or substance abuse records protected by 42 CFR Part 2. This form must accompany one of the IRB review preparatory to research forms.

Name: _____ Signature: _____
Date: _____

A. My qualifications for conducting the research requested are as follows:

B. I hereby certify that PHI necessary for conducting the review preparatory to research will be maintained in accordance with security protocols required under the Part 2 regulations (initial here) _____.

C. I hereby certify that I will not re-disclose, in any manner or form (e.g., verbal, electronic, written), any patient identifying information in the course of conducting the review preparatory to research. I will only provide patient identifying information directly to the NYCHP clinic that maintains the information and I will not otherwise prepare research reports or other materials containing identifying information (initial here) _____.

D. I hereby certify that a group of 3 or more individuals who are independent of the research project have reviewed the protocol and determined that the rights of the patients will be adequately protected and that the risks involved of disclosing the information to me are outweighed by the potential benefits of the research (initial here) _____.

IRB ACTION:

Approved (after consultation with applicable NSU clinic): _____ Denied: _____

IRB Representative Signature: _____ Date: _____