Privacy Board Review Summary Sheet

Date:

Name and Title of Requestor:

Organization/Company Name of the Requestor:

Study Name:

Source of Funding:

Data requested:

Brief description of the study:

- Potential benefit to benes or the CMS Programs
- Need for identifiable data
- Impossible/impracticable to obtain patient consent
- Minimal risk to bene's privacy if data is disclosed

Privacy Board's Decision: **APPROVED / DENIED**

Signature of Board Member: _____

(Signature) **(Date)**

DUA #_____