

BC Mental health & substance Use services  
Research Approval Form

APPLICATION AND AGREEMENT FOR RESEARCH

**Purpose**: This form is for use in obtaining approval to conduct research and for requesting access to personal information found in records covered by the *Freedom of Information and Protection of Privacy Act*, SBC 1992, c. 61 (the Act) for research or statistical purposes. Once the researcher has signed this form and the terms and BC Mental Health & Substance Use Services has approved conditions, it becomes a legal agreement between the researcher and BC Mental Health & Substance Use Services.

Collection of the information identified by the applicant on this form, and the conditions of access described, are authorized by Section 35 of the Act. Any questions concerning this form may be directed to the Coordinator of BC Mental Health & Substance Use Services’ Research Committee.

# PART A – Identification of Researcher

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| *Name of applicant or Principal investigator* (Last name, First name) | | | | | | | | | | | | |  | |  | |
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| Professional affiliation | | | | | | | |  | Registration number if applicable | | | | | | | |
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| Position | | | | | | | | | | | | |  | |  | |
| *Name of co-investigator(s), if any* (Last name, First name) | | | | | | | | | | | | |  | |  | |
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| *Additional team members, if any* (Last name, First name) | | | | | | | | | | | | | | |  | |
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| *Business Address:* | | | | |  |  | | | | | | | | | | |
| Institutional affiliation |  | | | | | | | | | | | | | | | |
| Street # and street: |  | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | | | | | | | |
| Province: |  | | | | | | | | | | | | | |  | |
| Telephone: |  | | | | | |  | | | | | | | | | |
| *Please provide the following additional information if applicable:* | | | | | | | | | |  |  | | | | | |
| Name of academic advisor (if student): | |  | | | | | | | | | | | | | |  |
| Department: | |  | | | | | | | | | | | | | |  |
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| *Other Information:* | |  | | | | | | | | | | | | | |  |
| Does the project require access to records? | | | | | | | | | | | | Yes | | No | | |
| Does the project require subject interviews (patients, family, friends or staff)? | | | | | | | | | | | | Yes | | No | | |
| Does the project require biological investigations (blood work, brain scans, etc)? | | | | | | | | | | | | Yes | | No | | |

# PART B – Description of Research Project

Please attach the information itemized below.

1. **A title of the research project.**

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1. **A description of the purpose and objectives of the research project. This description must be clear and concise but thorough enough to allow reviewers to make an informed decision concerning the merits of the application.**

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1. **A clear statement of the hypothesis, hypotheses, or research questions.**

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1. **A summary of the relevant scientific literature.**

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1. **A summary of the methodology and procedures.**

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1. **A description of the population:**
   1. **How many subjects/cases will be used?**

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* 1. **What are the criteria for selection of subjects/cases?**

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* 1. **How are subjects to be recruited?**

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1. **If a control group will be used, provide the number of subjects/cases, criteria for selection, & recruitment.**

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1. **Project details:**
2. **Where will the project be conducted (specific facilities, wards, clinics, etc.)?**

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1. **Who will actually conduct the study (i.e. interviews, examinations, testing, etc.)?**

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1. **Describe how the consent of the subjects will be obtained (attach consent forms to be used)**

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1. **What is known about the risks and benefits of the proposed research?**

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1. **What discomfort or incapacity are the subjects likely to experience as a result of the procedures?**

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1. **How much time will be required of a subject?**

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1. **How much time will be required of the control group (if any)?**

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1. **A copy of the ethics approval (external applicants only).**

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1. **An explanation of why the research project cannot reasonably be accomplished without access to personal information in individually identifiable form (i.e. personal information about named or identifiable individuals).**

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1. **An explanation of how the personal information will be used, including a description of any proposed linkages to be made between personal information in the records requested and any other personal information.**

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1. **The time frame of the study (expected start and completion date and period of time during which access to records may be required).**

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1. **The resource implications to BC Mental Health & Substance Use Services (i.e. staff involvement in the data gathering process, such as retrieving files or data, escorting patients/clients, etc.)**

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1. **The anticipated benefits to be derived from the research project.**

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**Please also provide a curriculum vitae (CV) including the following information: education; research experience; knowledge of subject, and proposed methodology.**

# PART C – Records Requested (Use additional sheets as required)

Please list **all** records containing personal information to which access is requested. Access will be given **only** to records listed below. Any changes or additions to this list after the application is submitted should be made in writing and will require approval in writing from BC Mental Health & Substance Use Services.

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Note: Originals or copies of all patient/client records cannot be removed and may be viewed only at the offices of BC Mental Health & Substance Use Services.

# PART D – Agreement on Terms and Conditions of Research

**Term of the Research**

1. This research is approved for the following period of time:

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| from | Click here to enter a date. | to | Click here to enter a date. |

2) I understand that any requests for extension to the project must be made in writing.

**Reports and Publications**

1. I understand that during the course of the research project, I am to provide written reports annually or when requested, as to the progress of the research project to BC Mental Health & Substance Use Services.
2. At the completion of the research project, I will provide a copy of the final report to BC Mental Health & Substance Use Services’ Research Department, and make a presentation to BCMHSUS staff upon request.
3. Any publication of papers or presentation of any other works that describe the results of research conducted by, or in collaboration with, BC Mental Health & Substance Use Services (BCMHSUS) staff members, will identify BCMHSUS as a participating organization and must have the prior approval of the Vice President – Medical Affairs & Research of BCMHSUS.

If I am granted access to the records listed in Part C, I understand and will abide by the following terms and conditions:

**Security**

1) I understand that I am responsible for maintaining the security and confidentiality of all personal information found in or taken from these records.

2) Apart from myself, **only** the following persons will have access to this personal information in a form which identifies or could be used to identify the individual(s) to whom it relates:

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3) Before any personal information is disclosed to these persons, I will obtain a written undertaking from each of them to ensure that they will not disclose that information to any other person and that they will be bound by all terms and conditions of the present agreement. I will maintain a copy of each such guarantee, and will provide BC Mental Health & Substance Use Services with a photocopy.

4) None of these records (including copies of them or notes containing personal information taken from them) will be left unattended at any time, except under the conditions described in Paragraphs 4, 5 and 6, below. If I am using these records on the premises of BC Mental Health & Substance Use Services I will comply with BC Mental Health & Substance Use Services’ security procedures.

5) Any copies of the requested records and any notes that contain personal information taken from them will be kept at the following address(es):

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They will not be removed from the above premises without the prior written consent of BC Mental Health & Substance Use Services.

6) Physical security at the above premises will be maintained by ensuring that the premises are securely locked, except when one or more of the individuals named in paragraph 1) are present, as well as by the following additional measures (e.g. locked filing cabinet):

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7) Indicate whether or not individually identifiable information from the requested records will be maintained on a computer system to which users other than those listed in paragraph 1 have access.

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| Yes | No |

If yes, access to the information will be restricted through the use of passwords and by other computer security measures that prevent unauthorized access or that trace such unauthorized access, including the following methods:

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8) BC Mental Health & Substance Use Services will be permitted to carry out on‑site visits and such other inspections or investigations that it deems necessary to ensure compliance with the conditions of this agreement.

**Use of Personal Information**

1. Personal information contained in the records described in Part C of this form will **not** be used or disclosed for any purpose other than as described in Part B (including additional linkages between sources of personal information), **nor** for any subsequent purpose, without the express written permission of BC Mental Health & Substance Use Services.
2. Papers or any other works that describe the results of the research undertaken will be written and/or presented in such a way that no individuals in the requested records can be identified and no linkages can be made between any personal information found in the requested records and personal information that is publicly available from other sources. There will be **no** exceptions to this rule without prior and specific written permission from BC Mental Health & Substance Use Services.
3. Any case file numbers or other individual identifiers to be recorded on computer will be created by myself or one of the persons listed in paragraph 1) and will not relate to any real case numbers found in the records. Any such identifiers are to be used for statistical purposes only.
4. No case file numbers or other individual identifiers assigned for the purposes of the research project described in Part B will appear in any other work.
5. No personal information which identifies or could be used to identify the individual(s) to whom it relates will be transmitted by means of any telecommunications device, **including** telephone, fax or modem.
6. Unless expressly authorized in writing by BC Mental Health & Substance Use Services, no direct or indirect contact will be made with the individuals to whom the personal information relates.
7. Individual identifiers associated with the records described in Part C, or contained in copies of them, will be removed or destroyed at the earliest time at which removal or destruction can be accomplished consistent with the research purpose described in Part B. At the latest (maximum 2 years), this will occur by:

Click here to enter a date.

Any extension to this time limit must be approved in writing by BC Mental Health & Substance Use Services. The removal of individual identifiers will be done in a manner that ensures that remaining personal information (including any found in research notes) cannot be used to identify the individual to whom it relates. **If necessary, this will be done by destroying copies of requested records or pages of notes in their entirety.** All destruction or removal of individual identifiers will be confidential and complete in order to prevent access by any unauthorized persons.

I understand that I am responsible for ensuring complete compliance with these terms and conditions. In the event that I become aware of a breach of any of the conditions of this agreement, I will immediately notify BC Mental Health & Substance Use Services in writing. Contravention of the terms and conditions of this agreement may lead to the withdrawal of research privileges; BC Mental Health & Substance Use Services may also take legal action to prevent any further disclosure of the personal information concerned.

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| Signed at |  |  | on the |  | day of |  | |
|  | Location |  |  | Day |  | Month, Year | |
|  | |  |  | | | |
| Signature of Principal Investigator | |  |  | | | |
|  | |  |  | | | |
| Signature of Co-Investigator | |  | Signature of Co-Investigator | | | |
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| Signature of Co-Investigator | |  | Signature of Co-Investigator | | | |
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| Signature of Co-Investigator | |  | Signature of Co-Investigator | | | |
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| Signature of Co-Investigator | |  | Signature of Co-Investigator | | | |

# PART E – Approval of Terms and Conditions (to be completed by BC Mental Health & Substance Use Services)

The above research proposal is hereby approved, including access to the required records, and the terms and conditions of this agreement. BC Mental Health & Substance Use Services reserves the right to withdraw access to records without prior notice if this becomes necessary under *the Freedom of Information and Protection of Privacy Act*.

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| The expiry date for access to the records listed in Part C is: |  |  |
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| Signature  Chair – BCMHSUS Research Committee |  |  |
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| Signature  Vice President – Medical Affairs & Research |  |  |