REQUEST FOR APPROVAL FOR USE OF AUDIO RECORDINGS FOR RESEARCH, EDUCATION OR QUALITY IMPROVEMENT PURPOSES

Project Information:

Project Contact (First/Last Name):	Date:	
Project Purpose:	Email Address:	
Quality Improvement (QI) Research Education		
Clinical Entity:		
UWMC-Montlake UWMC-Northwest Harborview Medical Center		
🗌 Valley Medical Center 🔲 UW Medicine Primary Care		
Brief project description:		
How audio recording will be accomplished and its purpose (if QI, what QI purpose will it serve and what committee		
will sponsor the work. If proposed research refer to <u>UW Human Subjects Division website</u>):		
Specific location of audio recording:		
Identification of whose voices will be directly or indirectly recorded and plan for obtaining their consent (e.g.,		
patients, employees, visitors):		
Proposed length of time recording will take place:		
Who will have access to records and for what purpose:		
How records will be maintained (see <u>https://one.uwmedicine.org/sites/ERC/uwmhim/Pages/rig.aspx</u>):		

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Approvals:

QI Only:	
Entity Administrative QI Leader	Date
For QI Projects route this request to the QI Director of y Officer or Executive Director.	our entity before submitting it to your Chief Executive
	provement project under the auspices of the rds associated with this project are privileged under RCW r's plan for record retention comply with the requirements
UW Medicine Compliance	
Director of Patient Privacy	Date
	compliance policy barriers to moving forward, to consider y other potential issues to address before routing the form to
Entity Leadership:	
Chief Executive Officer/Executive Director	Date
Medical Director	Date
Chief Nursing Officer	Date