
Please Use Your Organization's Letterhead

(Insert Date)

CPHS Administrator
400 R Street, Suite 359
Sacramento, CA 95811

Dear CPHS Administrator:

Principal Investigator: *(Principal Investigator's full name)*
Project Title: *(Title of project)*
Project #: *(Project ID number)*

RE: Committee for the Protection of Human Subjects (CPHS) Data
Security Requirements

I (We) have the responsibility with the *(Name of Organization)* for the security of the data being obtained, stored, and/or used for the research project referenced above.

I (We) certify that *(Name of Organization)* is in compliance with any applicable administrative, physical, and electronic safeguards as detailed in the CPHS Data Security Requirements. (A copy of the requirements can be obtained on the following link: <http://www.oshpd.ca.gov/Boards/CPHS/DataSecurityRequirements.pdf>.)

Signature

Signature

Print Name

Print Name

Title
(i.e., Chief Information Officer or Privacy Officer)

Title

Phone Number

Phone Number

Institution Affiliation

Institution Affiliation

Note: The signatures of the Primary Investigator (PI) and/or Responsible Official (RO) are **NOT** sufficient to meet this CPHS requirement. Any additional responsible individuals may also submit separate letters to meet this requirement. **Please secure all signatures prior to submission.**

(Rev 1/6/16)