
Please Use Your Organization's Letterhead

(Insert Date)

CPHS Administrator
2020 West El Camino Avenue, Suite 1100
Sacramento, CA 95833

Dear CPHS Administrator:

Principal Investigator: *(Principal Investigator's Full Name)*
Project Title: *(Title of Project)*
Project #: *(Project ID Number)* **Only required if you have received
Project number from CPHS**

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:

<https://oshpd.ca.gov/ml/v1/resources/document?rs:path=/Data-And-Reports/Documents/Request/CPHS/Data-Security-Requirements-2012-04-20.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.**