

COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS

400 R Street, Room 359
Sacramento, California 95811
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(Insert Date)



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

Dear CPHS Administrator:

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 by clicking on the following link: <http://oshpd.ca.gov/Boards/CPHS/DataSecurityRequirements.pdf>

Signature

Signature

Title

Title

Phone Number

Phone Number

(Note: Any additional responsible individuals may also submit separate letters to meet this requirement. Please secure all signatures prior to submission.)
(Rev 2/14/13)