

UNIVERSITY OF WISCONSIN-MADISON HIPAA COVERED ENTITIES

DATABASE REGISTRATION FORM
AND
PREPARATORY TO RESEARCH CERTIFICATION FOR DATABASE CUSTODIAN

Registration: Type (check one):

- Initial database registration
- Database information update
-

Please supply all of the following information:

1. Database name: For registration purposes, please name the database.

2. Database custodian: For registration purposes, please designate a custodian who will be accountable for research uses of the database. The custodian may be an individual or an entity.

2a: Name of Individual:

_____ **or**

2b: Name of School, Department, Section, Center, or Institute: If not applicable indicate NA.

_____ **or**

2c: Name of research group: If not applicable indicate NA.

3. Database contact person: The contact person may be the custodian for some databases.

Name: _____

Phone #: _____

Mailing Address: _____

Email Address: _____

4. What is the general purpose of the database (check **all** that apply)

- Patient Care
- Quality Assurance
- Billing
- Preparatory to Research
- Research
- Contracting
- Other, including a personal database that contains protected health information (PHI):

5. What are the sources of data for this database, e.g., direct from patient or from an institution? Please include, as applicable, the name of any institution, any information system designation, and the original medium of data used.

