SAN BERNARDINO COUNTY | Behavioral Health

303 E. Vanderbilt Way San Bernardino | (909) 388-0900
www.SBCounty.gov

CASE STUDY REQUEST

DATE: _____

FROM: **Applicant Name:** _____
Title: _____ Phone: _____
Organization: _____ Email: _____

TO: **Dr. Anthoula Poulakos,** Chair of the Institutional Review Board
Department of Behavioral Health (DBH)
anthoula.poulakos@dbh.sbcounty.gov

SUBJECT: **CASE STUDY REQUEST**

DBH Institutional Review Board:

I intend to conduct a case study **of less than three (3) cases**. The case study will examine the following criteria: _____ related to _____

The findings of the case study will be: **Published** ☐ Yes ☐ No and/or **Presented** ☐ Yes ☐ No

The case study is described below:

1. **Purpose and Objectives:** Clear statement of the objective and relevance or contribution to the field.

   _____

   _____

2. **Methods and Procedures:** Check the appropriate box below for how the case review data will be collected and analyzed.
   ☐ **Prospective** (i.e. survey(s), interview(s), observation(s), sample specimen(s))
   Note: Consent required, unless otherwise specified.

   ☐ **Retrospective** (i.e. chart review(s))
   Note: Consent *may* not be required and *may* be waived.

3. **Informed Consent:** Check how consent will be obtained, as applicable. ☐ Written ☐ Verbal ☐ Waived

4. **Privacy and Confidentiality:** How will personal or sensitive information be de-identified and how will data be stored (including security procedures). _____

   _____

5. **Risk Assessment:** Are there potential risks (psychological, social, legal, etc.) to the individual(s)?
   ☐ Yes, please describe the risks and steps to minimize: _____

   _____

   ☐ No

Please include:

- Draft of the informed consent form, if applicable.
- Copy of the data collection instruments, if applicable.

I understand that I must receive a formal approval notice from the Chair of the Institutional Review Board Department of Behavioral Health **before** I conduct the case study, which will take approximately two (2) weeks after receipt of all required information.

This case study requires access to patient medical records that meet the criteria listed above. Per Health Insurance Portability and Accountability Act (HIPAA) / DBH Confidentiality Agreement, identifiers of the patient are strictly limited to medical record number, ethnicity, age, and sex, along with associated clinical data. The patient's age, sex, and race may be used in publication for educational purposes, provided the demographics do not identify the individual(s) participating.

Only the principal investigator, co-investigator(s), and research coordinator will have access to the data that is obtained. Medical records and presentation documents will be kept within an encrypted password-protected file on a password-protected computer that is accessible only to the investigators involved in the study.

Should the findings be published or presented, I will explicitly acknowledge that the participant(s) do not represent a broader population, and that no generalizations beyond the scope of the sample are intended. In any presentation of the findings, I will ensure that the identities of the individuals participating remain completely confidential and cannot be discerned in any way. All published materials, including poster presentations, abstracts, and papers, will be thoroughly de-identified with all names, titles, and any other identifying information removed.

Any findings, including reference to the Department and/or San Bernardino County, must be de-identified (i.e., you can substitute any reference to DBH and the county with "a large California community mental health setting") and reviewed by DBH before being published. Please forward the project's findings, including any pre-publication documents, to the DBH IRB for review once the project has been completed. **Initial here:**

Any future or additional changes to the study require approval from the DBH IRB Office before they can be implemented as part of the study. Contact the DBH IRB Office with your questions and/or proposed modifications. **Initial here:**

Respectfully Submitted,

Applicant Signature [if different from Principal Investigator (PI)] :

Principal Investigator's Name and Title:

PI Phone number & email:

PI Signature: