[DATE]

Tufts Health Sciences IRB

800 Washington Street, Box 817

Boston, MA 02111

To Whom It May Concern:

This letter is regarding the study [Title],under Principal Investigator [Name, degrees]. This study will evaluate [aim]. This record review will [note purpose of accessing records].

In my role as [Position] of [Private practice name] and being the responsible party regarding HIPAA Privacy of my patients at [Private practice name, I will access the data and therefore grant a HIPAA Waiver of Authorization for my patient records. [Note who will review the records, and where]. While reviewing the records and database, identifiable information will be viewable; however a code will be given to each patient and no names or identifying information will be used for data analysis.

Please feel free to contact me with any questions.

Sincerely,

[Name]

[Title]

[Private practice name]

[Address]

[Phone number]