STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

BUREAU OF PUBLIC HEALTH STATISTICS AND INFORMATICS

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Vital Records Privacy Board for Health-Related Research

NOTICE OF TERMINATION OF USE OF CONFIDENTIAL DATA

Per the Access to Confidential Data Application, Section C: Requestor Assurance, it states: "When the retention date expires, the data must be destroyed and the requestor shall so notify the Administrator of the Vital Records Privacy Board for Health Related Research by means of a notarized statement."

Title of Study:

Date Project Initially Approved by this Privacy Board:

Date Project Began:

Principal Investigator:

Principal Investigator Position:

Principal Investigator Institution:

Business Address:

City, State, Zip:

Business Telephone:

Principal Investigator E-mail:

Funding Source:

Sponsor of the Study:

Institutional Review Board Who Has/Had Oversight (if applicable):

Have you had any concerns or complaints expressed or requests for withdrawals (if applicable)?

Date the project was completed:

Has any literature been written or published using this data?

If so, please cite a reference to where the material can be found or provide a copy.

Signature of Principal Investigator: _____ Date: _____

The signature of the Principal Investigator along with the notary documentation on this form is an attestation that the data has been destroyed as stated and agreed upon in the initial Access to Confidential Data Application.

Print Name of Notary: _____

Signature of Notary: _____ *Place Seal Here*

Date Commission Expires: _____

Return completed, signed and notarized copy to:

Vital Records Privacy Board for Health Related Research
Bureau of Public Health Statistics and Informatics
Division of Public Health Services
Department of Health and Human Services
29 Hazen Drive
Concord, NH 03301-6504

Or email to vital.rec.data@dhhs.nh.gov