



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER™

PHI/PII SHARED FOLDER ACCESS REQUEST FORM

REQUESTOR(S) SECTION

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Department: \_\_\_\_\_ Email Address: \_\_\_\_\_  
eRaider ID: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Department: \_\_\_\_\_ Email Address: \_\_\_\_\_  
eRaider ID: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Department: \_\_\_\_\_ Email Address: \_\_\_\_\_  
eRaider ID: \_\_\_\_\_

1. Does the data to be stored/accessed contain PHI or PII?  YES  NO

If "NO":

A. PHI shared folders are not authorized for non-PHI/non-PII data. Contact the Helpdesk to request server storage.

2. Is the data to be stored/accessed considered part of research?  YES  NO

If "YES":

A. Attach the IRB approval letter. This letter must contain the name(s) of the requestor(s).

B. Attach any other corresponding letters (e.g. waiver forms).

3. Does the data to be stored support TTUHSC Business Operations?  YES  NO

4. Each requestor must attach a HIPAA Completion Certificate. This can be obtained from the TTUHSC ACME testing site.

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DATA OWNER (SPONSOR) OR DATA DESIGNEE SECTION

Only the data owner may request for a PHI shared folder be created or for users to be added to an existing PHI shared folder.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Department: \_\_\_\_\_ Email Address: \_\_\_\_\_  
eRaider ID: \_\_\_\_\_

1. Is this a request for a new PHI Shared Folder?  YES  NO

Existing/Desired Shared Folder Name: \_\_\_\_\_

2. To signify approval, return this request form with an email indicating an "approved" request.

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Return to [ELP.Helpdesk@ttuhsc.edu](mailto:ELP.Helpdesk@ttuhsc.edu)