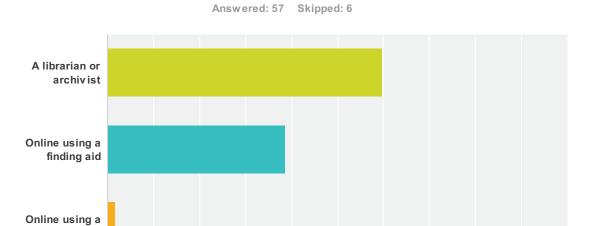


Answer Choices	Responses	
Yes	73.77%	45
No	26.23%	16
Total		61

## Q3 How have you learned about the presence of restricted records for the majority of the collections you have used (or were interested) in using?



Answer Choices	Responses	
A librarian or archivist	59.65%	34
Online using a finding aid	38.60%	22
Online using a library catalog record	1.75%	1
Total		57

40%

50%

60%

70%

80%

90% 100%

library cata...

0%

10%

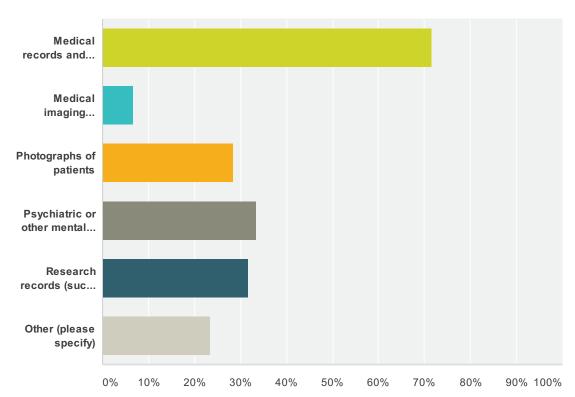
20%

30%

#	Other (please specify)	Date
1	Extensive accumulated knowledge of public health databases, past and presenta	1/24/2014 10:15 PM
2	On site, using printed finding aids	1/13/2014 4:54 PM
3	when i found it myself in the collection, though it would only be considered "potentially" restricted	1/13/2014 10:02 AM
4	Only recently did a potential historical research question arise of some interest to me. So far my effort has been to determine if the records of interest were preserved (the state mental institution of interest has been closed for several years and so far it is unknown if records were preserved and, if so, where they are. It is possible they are in abandoned buildings on the closed institutions campus.	1/13/2014 9:58 AM
5	offline using a finding aid	1/11/2014 5:36 AM
6	also stumbling across them in poorly organized collections	1/10/2014 2:49 PM
7	n/a	1/10/2014 2:40 PM
8	A fellow researcher/co-author	1/10/2014 2:05 PM

## Q4 What are the kinds of records you were interested in using, but were restricted? Check all that most often apply:

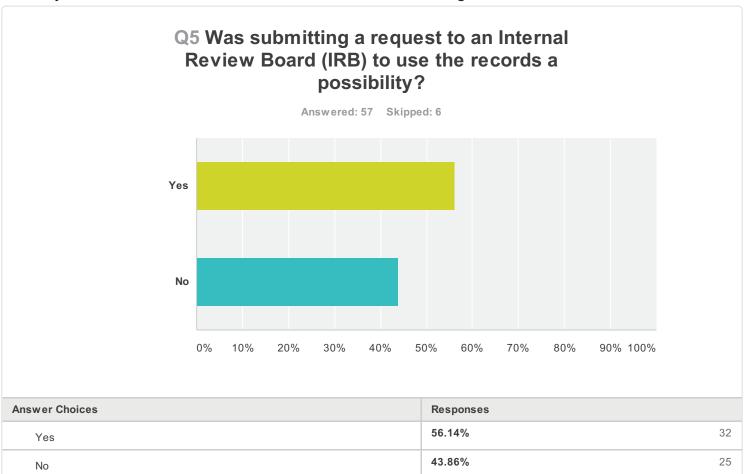




Answer Choices	Responses
Medical records and indices (whether patient, diagnostic, or other) maintained by a healthcare provider, such as a hospital or medical practice	<b>71.67%</b> 43
Medical imaging records, such as x-rays	<b>6.67%</b> 4
Photographs of patients	<b>28.33%</b> 17
Psychiatric or other mental health-related records, such as psychotherapy notes	<b>33.33%</b> 20
Research records (such as datasets, human subject research information, etc.) that contain personally identifiable information ("personal identifiers"), such as names, addresses, phone numbers, medical records numbers, etc.	<b>31.67%</b> 19
Other (please specify)	<b>23.33%</b> 14
Total Respondents: 60	

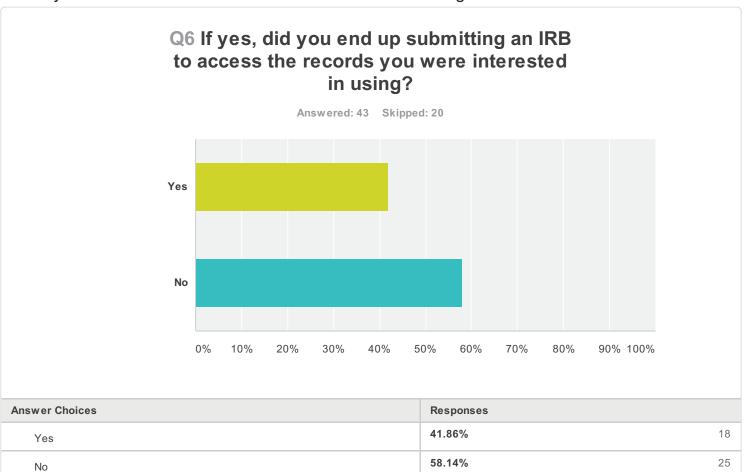
#	Other (please specify)	Date
1	School health records	4/8/2014 12:49 AM
2	Massachusetts archives material from institutions, restricted by state privacy law (not HIPAA)	2/5/2014 6:28 PM

· · · · · · · · · · · · · · · · · · ·	
personal promotions or interactions with individuals; administrative decisions and their implementation	1/23/2014 5:55 PM
Civil service correspondence, correspondence of elected officials, and administrative and policy records that contained incidental references to identifiable patients by name, and were consequently closed in their entirety.	1/13/2014 4:54 PM
Film	1/13/2014 2:06 PM
medical files as part of application for work with federal agency (doctor's report, physical exam, and evaluation). not identified as restricted	1/13/2014 10:02 AM
This institution had many frontal lobotomized patients. The principal question of interest is what diagnosis led to the lobotomy.	1/13/2014 9:58 AM
Have not experienced any restrictions due to HIPAA.	1/13/2014 9:41 AM
Letters and personal notes within or not psychiatric records	1/13/2014 9:32 AM
autopsy records	1/10/2014 8:55 PM
Historical social work case files	1/10/2014 7:38 PM
colonial American primary sources at U. VA.	1/10/2014 7:16 PM
Educational records for patients at the Illinois state institution for people with cognitive impairments. Would have needed a court order to access even though the information wanted had to do with what teachers' concerns were. I had no interest in information related to individual patients.	1/10/2014 4:42 PM
Information about residents of facility for feeble-minded (as it was then called)	1/10/2014 3:54 PM
	Civil service correspondence, correspondence of elected officials, and administrative and policy records that contained incidental references to identifiable patients by name, and were consequently closed in their entirety.  Film  medical files as part of application for work with federal agency (doctor's report, physical exam, and evaluation). not identified as restricted  This institution had many frontal lobotomized patients. The principal question of interest is what diagnosis led to the lobotomy.  Have not experienced any restrictions due to HIPAA.  Letters and personal notes within or not psychiatric records  autopsy records  Historical social work case files  colonial American primary sources at U. VA.  Educational records for patients at the Illinois state institution for people with cognitive impairments. Would have needed a court order to access even though the information wanted had to do with what teachers' concerns were. I had no interest in information related to individual patients.



57

Total



43

Total

#### Q7 If no, why not?

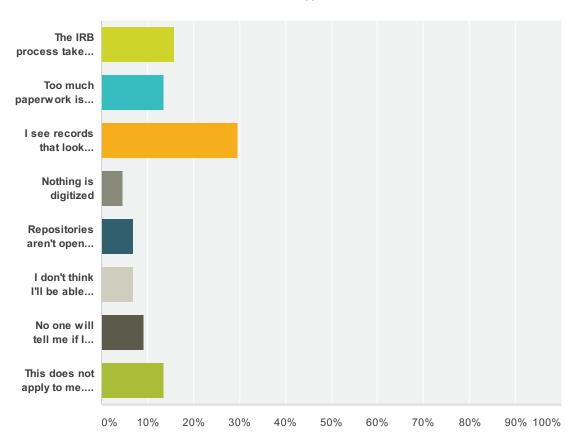
Answered: 25 Skipped: 38

#	Responses	Date
1	I wasn't convinced that access would be granted but I may still do this.	4/24/2014 8:27 AM
2	I'm not sure what IRB is; I am researching in Canada and I did submit a special request to access the records. This was granted, for some of the files.	4/8/2014 12:50 AM
3	too late	2/20/2014 3:44 PM
4	too time consuming – wasn't aware of the presence of restricted records until spoke to local archivist, so didn't have time to apply for access during research trip	2/5/2014 6:29 PM
5	time - if you only have a week at the archives and the IRB review takes 10 days, then that is not very helpful	2/4/2014 10:21 AM
6	Not enough staff to process any such request.	1/28/2014 4:40 PM
7	Limited time for research made waiting on IRB approval too much of a delay	1/27/2014 9:08 PM
8	Not worth the effort not central enough to my research.	1/24/2014 7:59 AM
9	Not enough time	1/23/2014 9:26 PM
10	Questions 5 and 6 are not really applicable to Canada as far as I know. As part of any overall funded research project, I'd of course have to submit an application to a Research Ethics Board at my university (see Tri-council Policy Statement). REB clearance doesn't really help me get access to the use the records, however; it is just a general precondition of research with human subjects or personal information. To gain access to a particular collection, I'd have to negotiate access with the collection's holder. There are many laws and regulations that govern that access. For instance, for records held by the federal government after the early 1980s, I'd have to apply to consult the records under particular clauses of the Privacy Act (e.g., under clauses 8(2)j and 8(3)). But because much of the practice of medicine and other professions falls under provincial jurisdiction, I might also have to consider provincial laws and professional association norms. etc.	1/15/2014 12:03 PM
11	The archives I used had no IRB.	1/14/2014 10:57 PM
12	My own lack of attention, really, but the project grew so organically that it didn't even occur to me to do more than obtain written permissions. I regret that now because I don't feel as if I can use some beautiful data and powerful images.	1/13/2014 4:16 PM
13	The medical records were not the focus of the research, but would have added supplemental material.	1/13/2014 11:12 AM
14	At this time, the applicability of questions 5 and 6 is unknown.	1/13/2014 10:00 AM
15	For historical research I guess it must be considered the amount of years of the record. As well as important administrative confidential records are desclasiffied after several years (I guess 25 years), it would be possible to put into public domain certain health's record after 25, 30 or may be 50 years. In any case, if the only opportunity to research within health's record is submitting a request to an IRB, I agree.	1/13/2014 9:41 AM
16	I am not ready to begin this research project yet; I intend to submit an IRB to obtain access when I am closer to beginning the project. (I have submitted IRBs for other projects.)	1/11/2014 1:45 PM
17	Too much hassle, decided not to pursue this part of the research	1/11/2014 9:38 AM
18	I don't know that possibility	1/11/2014 5:10 AM
19	I got no help from my department (History) in writing an IRB protocol because no one there had ever done one. I got no help from the IRB people in drafting a protocol, even though I asked about terminology and other things I didn't understand because I never received training in doing this. I submitted twice and was rejected. I finally gave up and changed my project.	1/10/2014 7:41 PM
20	not medical history	1/10/2014 7:17 PM

21	As I wasn't publishing my findings I was able to get a quicker approval.	1/10/2014 4:11 PM
22	Minnesota Historical Society staff made the determination after I filled in a request form). The material was in their collection.	1/10/2014 3:55 PM
23	Too much trouble. Did not foresee a positive outcome.	1/10/2014 2:33 PM
24	The archive did not give access to the records or in another case, let you view but not cite the records	1/10/2014 2:11 PM
25	HIPAA was invoked even for 19th century records—of the kind I was interested in. I was particularly interested in doctor's notes for psychiatric patients. I was unable to look at them in the US, but I was able to do research in the UK on this topic without a problem—anything over 100 years old was not restricted.	1/10/2014 2:06 PM

# Q8 What do you think is the most significant barrier to your use of records containing confidential/protected health information held by special collections, archives, and museums?





wer Choices	Response	es
The IRB process takes too long	15.91%	7
Too much paperwork is required to get access to restricted records	13.64%	6
I see records that look interesting in catalogs or collection guides, but I can't tell if they will be useful	29.55%	13
Nothing is digitized	4.55%	2
Repositories aren't open when I have time to do my research	6.82%	3
I don't think I'll be able to quote, reference, or use the records in publications	6.82%	3
No one will tell me if I can use the records or not	9.09%	4
This does not apply to me. There are no barriers to my use of records	13.64%	6
I		44

1	Several of the above. For my previous project, by the time I'd received permission to access the sources, I'd completed my degree using different sources. All of these except the last one are applicable.	4/8/2014 12:52 AM
2	My state is stricter than HIPAA	3/11/2014 2:34 PM
3	After working in two medical archives, I can see how it is difficult for the scholars who are researching people who died a while ago.	2/5/2014 11:08 AM
4	- the fact you you have to go through the IRB process at all that different institutions have vastly different rules (and understandings of IRB rules) for their records	2/4/2014 10:24 AM
5	The process can also take too long—sometimes IRB boards only meet at quarterly intervals, which requires burdensome advance notice.	2/4/2014 10:18 AM
6	Inconsistency in archival policies	1/24/2014 2:53 PM
7	My barriers do not involve health information or care. The barriers for me are restrictions for a period of time, e.g., 25 years.	1/23/2014 5:58 PM
8	There are not enough requests of this type for archives to have come up with a process of dealing with requests like mine, and so the organization does not really know what to do to give me access and is worried of not respective various laws.	1/15/2014 12:06 PM
9	The IRBs I have consulted indicated that the nature of these records (their age) makes them usable, before the IRB process, though, I did not know if they were usable or not.	1/13/2014 10:11 AM
10	Please see previous comment boxes.	1/13/2014 10:01 AM
11	I think it is that the IRB system is not set up for historians, so the IRB process, while I think is necessary, is cumbersome for those of us doing historical research.	1/11/2014 1:48 PM
12	My own personal ethics and respect for other individuals	1/11/2014 2:35 AM
13	I needed to research orthopaedic devices used by a hospital during a certain time period to find serial numbers that were used. It was very difficult to get permission to search through a group of records because I could not say which record I needed and that was because I didn't know.	1/10/2014 8:57 PM
14	My work is in California, where rules on accessing psychiatric records are draconian. I am trying to access records of care from the mid- to late- 19th C. and early 20th C. I am prohibited access to these records by state regulation.	1/10/2014 4:58 PM
15	I worry that the repository passes all responsibility and risk onto me as the user	1/10/2014 4:16 PM
16	It's not often clear on what basis IRB or other access decisions will be made.	1/10/2014 3:49 PM
17	Patient confidentiality laws still require that I maintain the privacy of my subjects, even though they have been dead for, in most cases, a century. This makes it incredibly difficult to write a compelling account of their lives, in and out of the institution.	1/10/2014 3:08 PM
18	My main barrier is myself. I have not encountered difficulties in finding records I was seeking - usually previously published papers and individual contacts.	1/10/2014 2:44 PM
19	The organization holding most of the records that I wanted to access (the National Archives and Records Administration) had an arbitrary 75-year policy for access. I developed a methodology that was both legal and ethical and went through the IRB at my university as well as the IRB at the hospital that originally produced the records and where the remainder of the records were held. As a result, I was able to access records from the 1940s-1980s (still held by the hospital) but not records from the 1930s (under the authority of the National Archives). (For what it's worth, this occurred in the early/mid-2000s.)	1/10/2014 2:13 PM
20	HIPAA applied way too broadly for patient records over one century old.	1/10/2014 2:07 PM

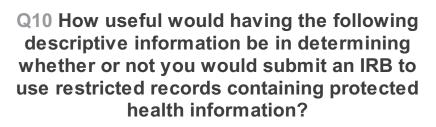
Q9 What descriptive information do you think is missing from library catalog records or collection guides (such as those for a manuscript collection)? What information would be most useful to you in deciding whether or not a collection has information relevant to your research?

Answered: 36 Skipped: 27

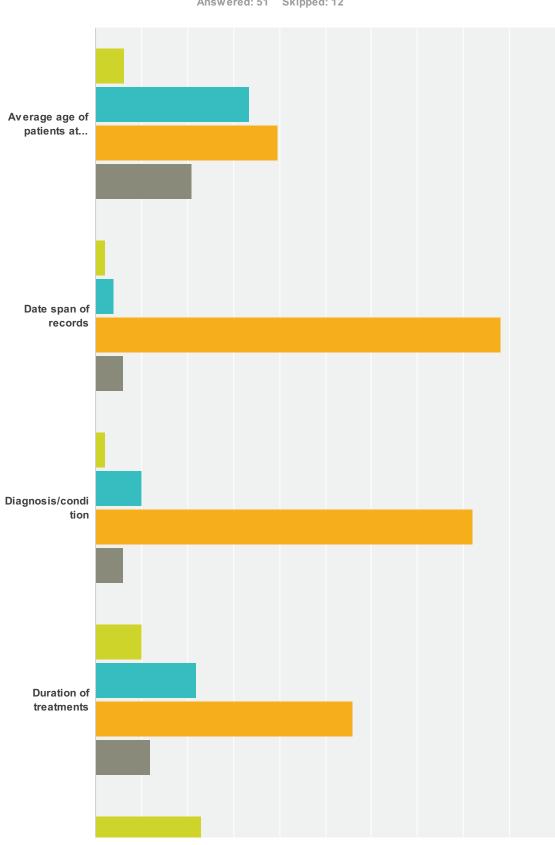
#	Responses	Date
1	Not sure	4/24/2014 8:28 AM
2	I'd like to know how sensitive particular information is, or at least a detailed description of which particular files within a box have a possibility of being released. If other scholars have had access to the information, and if there is thus a precedent of files being released.	4/8/2014 12:52 AM
3	The restrictions should clearly be stated	3/11/2014 2:34 PM
4	subject headings with year span included, such as Correspondence, 1950-1973 would tell me that a collection that dates in total from 1900-1978 does not have correspondence from WWII years.	2/20/2014 3:46 PM
5	this is very finding-aid specific!! the most useful finding aids contain information or even opinions or speculation about the materials — eg "thought to be early examples of medical photography" or "marginalia thought to be from Mr X" — as well as identifying information about the materials (who / what / where / when). For restricted materials, it would be great for finding aids to list suggestions for how to overcome restrictions.	2/5/2014 6:35 PM
6	as opposed to just "patient records" something about how many records, what era, what types of patients (if possible), how detailed are the records, what type of information do they include? (lab data? images? description?)	2/4/2014 10:24 AM
7	Specific dates, holistic description of kinds of information present in records (e.g. not just "patient information" but if the information concerns medical history, blood chemistry, etc.)	2/4/2014 10:18 AM
8	Instead of writing patient notes, or something similar, a genuine description of how much material is actually present; that is, are there real discussions and notes, or is it simply the perfunctory information that the person kept.	1/28/2014 4:42 PM
9	More specific information about specifics of documents	1/27/2014 9:09 PM
10	Dates covered; who is included (and who is excluded); geographic location; what types of demographic data are available (e.g., age and/or date of birth, gender, race/ethnicity, and also, if relevant, age and/or date at death); what types of socioeconomic data are available (if any), whether the individual patient records have residential (or billing) addresses, and what types of physical and/or medical data are available (e.g., weight, height, diagnosis, biopsy results, etc)	1/24/2014 10:20 PM
11	Please include tags relevant to social history. Sometimes this means making labels that aren't words from the document. Also please include tags relevant to women's (and men's) private lives. It's hard to do history of reproduction/sexuality if birth control, abortion, miscarriage, birth, etc. are not tagged.	1/24/2014 8:02 AM
12	Sample record with info blanked out would help to know what there is to work with.	1/23/2014 9:27 PM
13	little or nothing is missing, altho access may be restricted.	1/23/2014 5:58 PM
14	It all depends on the subject of the paper or article being researched/written. Some info isn't clarified beyond it containing certain keywords & the descriptions would occasionally lead one to believe it contained pertinent info on a subject when it did not. Luckily, some libraries are better than others, esp. now with digitization.	1/15/2014 8:21 PM

15	Where the files themselves cannot be quickly checked, the finding aid needs to have a description of the scope and organization of the files, and a thorough narrative description of the types of information typically included in the file. Because researcher's can't do the quick check, it is important for the archivist to provide more description than usual.	1/15/2014 12:06 PM
16	Certainly having information that indicates if the records contain information that pertains to more than one individual, that is longitudinal data would be valuable. Also an indication that the records contain qualitative data.	1/15/2014 8:53 AM
17	Whether there exist any access restrictions and what they are.	1/14/2014 3:32 PM
18	notification of the presence of potentially restricted material, and the status within HIPPA of that material as determined by an IRB (like the surgeon general's warning for tobacco — this material might be restricted under HIPPA because it contains X material, consult your institution's IRB for guidelines for use).	1/13/2014 10:11 AM
19	Please see previous comment boxes.	1/13/2014 10:01 AM
20	In my country (Argentina) most historical archives within health institution are in their first steps (of course there are older administrative archives). So, I am not sure about what is missing and what is not.	1/13/2014 9:47 AM
21	I think it would be helpful to have a general gist of what could be found in the collection, especially if an IRB is needed, since IRBs are set up with the assumption that one knows approximately what one will find, what questions are going to be asked, etc.	1/11/2014 1:48 PM
22	The current information is fine	1/11/2014 12:15 PM
23	Examples of the sort of information contained on standardized forms would be very helpful – i.e. this historic record has the following fields. Also a sense of how thoroughly the historic records are filled out – like "these records have the following fields, and typically all fields are filled out"	1/11/2014 9:40 AM
24	Descriptions of what records actually contain (Medical Patient Records vs administrative patient records). Detailed and unambigious informations about the accessibility and possible IRB etc procedures to access records.	1/11/2014 5:40 AM
25	I am a historian and would like to know if the material is qualitative or quantitative. I'm particularly interested in extensive case histories. I'd also like to know the gender and sexual orientation of people if such things are generalizable in a collection.	1/10/2014 7:43 PM
26	dates Names diseases	1/10/2014 7:17 PM
27	Whether access is restricted, what process is for gaining access, any limitations on publication	1/10/2014 6:04 PM
28	I've simply been refused access to materials at a nearby state psychiatric hospital (patients treated in the late 19th - early 20th C). Period.	1/10/2014 4:58 PM
29	The categories are much too broad to be useful. For instance, the finding aid at one archive said the records were "educational records." The records were all financial information on supplies, not at all what I wanted. It would help if there were some standardization among archives on how things were classified so it would be easier to find things at various sites.	1/10/2014 4:49 PM
30	If research data, links to the related publications. Information on how the collection or records has previously been used.	1/10/2014 4:16 PM
31	Most collections are well described. What's essential is that the finding aid or record indicate how the documents are organized (alphabetically, chronologically, etc); the dates covered and the period of time for which there is the greatest number of documents; the types of documents; particular issues in reading, as handwritten; photocopied, etc. If there are records that can be accessed via IRB or other process, then that process should be made very clear.	1/10/2014 3:49 PM
32	extensive qualitative description of health condition, age, social factors	1/10/2014 3:23 PM
33	I don't know where to put this comment, but the updated HIPAA rule in effect as of March 2013 restricts using patient records for research to decedents 50 years or more after death. This, I believe, is too restrictive and will critically hamper future research depending upon patient outcomes following specific diagnoses and procedures.	1/10/2014 2:44 PM
34	depends on the collections. Sometimes dates will be given which is helpful, but no mention of diseases covered in the patient files makes it hard to know if it will be of use.	1/10/2014 2:35 PM

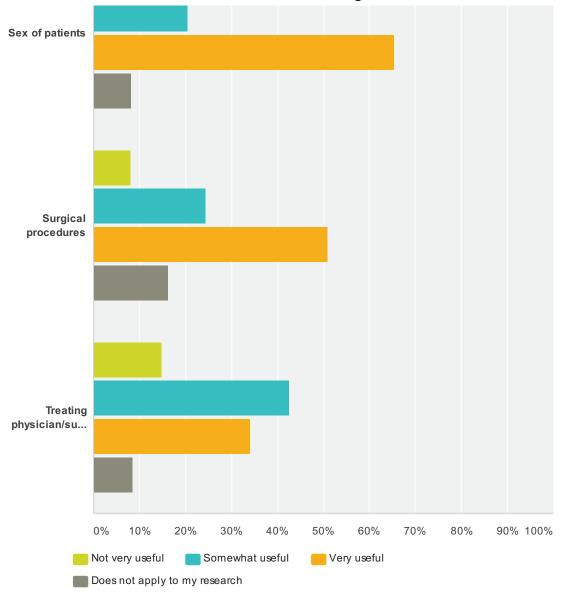
35	Making it clear what records are present and what procedures would be necessary to access them would be a good start, but beyond that I'm not sure.	1/10/2014 2:13 PM
36	A general sense of what medical information is available in these records.	1/10/2014 2:10 PM







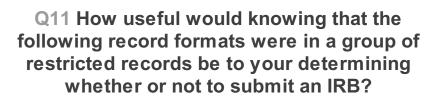
Survey on Research Access to Protected Records Containing Health Information About Individuals Genetic information Geographic region covered Names of medical devi... Prescribed medications Race of patients



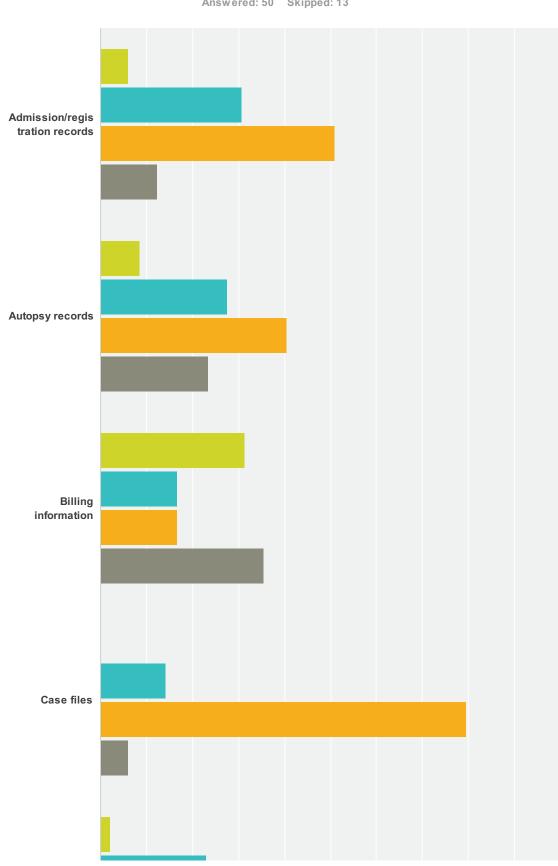
	Not very useful	Somewhat useful	Very useful	Does not apply to my research	Total
Average age of patients at time of	6.25%	33.33%	39.58%	20.83%	
treatment	3	16	19	10	48
Date span of records	2.00%	4.00%	88.00%	6.00%	
	1	2	44	3	50
Diagnosis/condition	2.00%	10.00%	82.00%	6.00%	
	1	5	41	3	5
Duration of treatments	10.00%	22.00%	56.00%	12.00%	
	5	11	28	6	5
Genetic information	22.92%	16.67%	25.00%	35.42%	
	11	8	12	17	4
Geographic region covered	6.00%	12.00%	70.00%	12.00%	
	3	6	35	6	50
Names of medical devices used	10.00%	24.00%	44.00%	22.00%	
	5	12	22	11	50
Prescribed medications	6.12%	26.53%	51.02%	16.33%	
	2	12	25	Q	1

	3	10	23	U	43
Race of patients	<b>6.12%</b>	<b>20.41%</b> 10	<b>61.22%</b> 30	<b>12.24%</b>	49
Sex of patients	<b>6.12%</b> 3	<b>20.41%</b> 10	<b>65.31%</b> 32	<b>8.16%</b>	49
Surgical procedures	<b>8.16%</b> 4	<b>24.49%</b> 12	<b>51.02%</b> 25	<b>16.33%</b> 8	49
Treating physician/surgeon	<b>14.89%</b> 7	<b>42.55%</b> 20	<b>34.04%</b> 16	8.51% 4	47

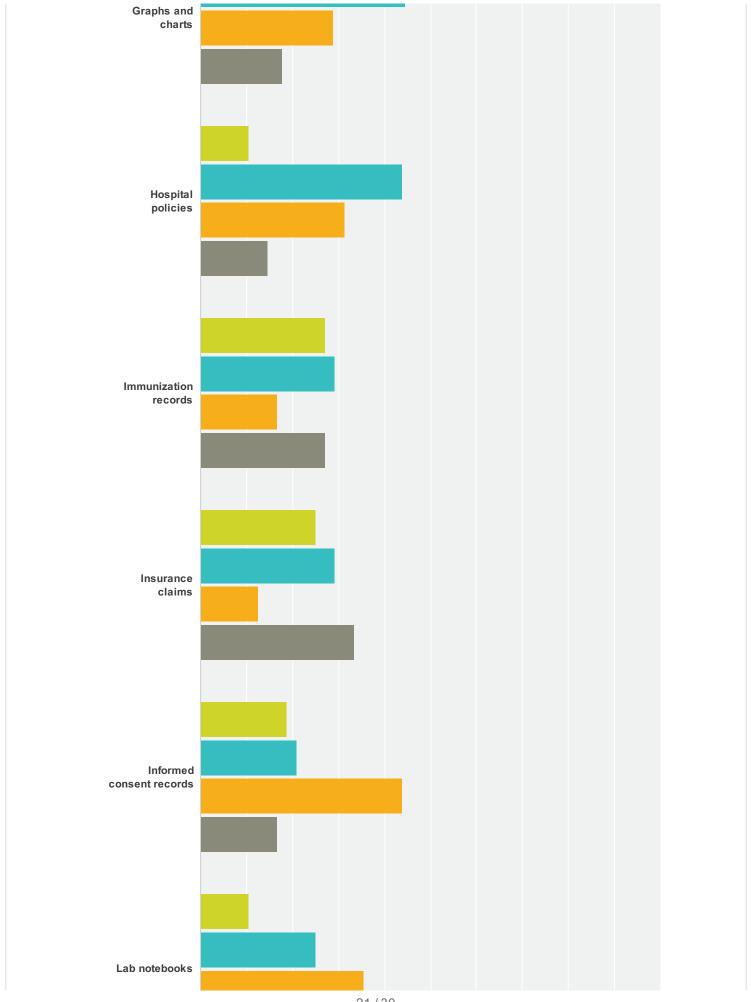
#	Other (please specify)	Date
1	whether information is narrative or on standardized form	2/5/2014 6:38 PM
2	Does a residential address exist (needed for geocoding and linkage to other geographically-coded information)	1/24/2014 10:22 PM
3	Median rather than mean age would probably be better. Or both.	1/24/2014 8:06 AM
4	I do not deal with patient records in my research	1/10/2014 7:18 PM
5	I would submit an IRB if there is identifying information (names, SSNs, enough physical description to ID someone)	1/10/2014 6:18 PM
6	Veteran status	1/10/2014 3:09 PM
7	Cause of death on death certificate, economic status of patient, insurance status for hospitalization	1/10/2014 2:47 PM



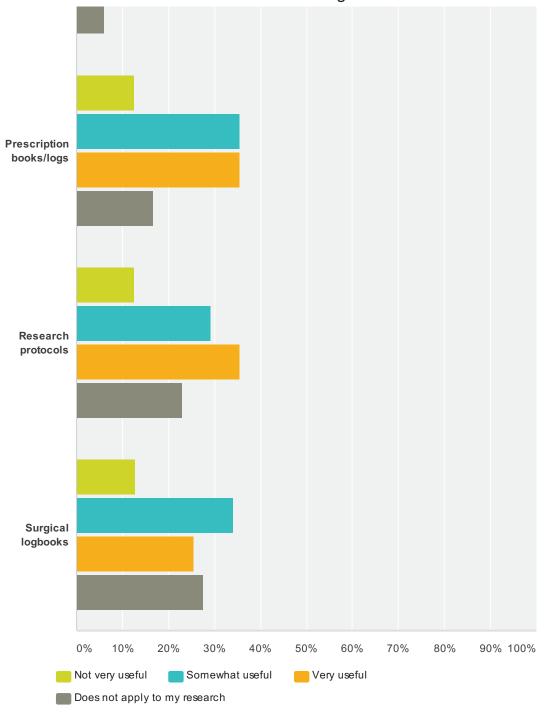




Survey on Research Access to Protected Records Containing Health Information About Individuals Consultation files Correspondence Diagnostic indices Family medical histories Genetic testing records



Survey on Research Access to Protected Records Containing Health Information About Individuals Microscope slides/speci... Photographs/med ical imaging Patient histories **Patient** questionnaires Patient summaries



	Not very useful	Somew hat useful	Very useful	Does not apply to my research	Tota
Admission/registration records	6.12%	30.61%	51.02%	12.24%	
	3	15	25	6	4
Autopsy records	8.51%	27.66%	40.43%	23.40%	
	4	13	19	11	
Billing information	31.25%	16.67%	16.67%	35.42%	
	15	8	8	17	
Case files	0.00%	14.29%	79.59%	6.12%	
	0	7	39	3	

11

31

48

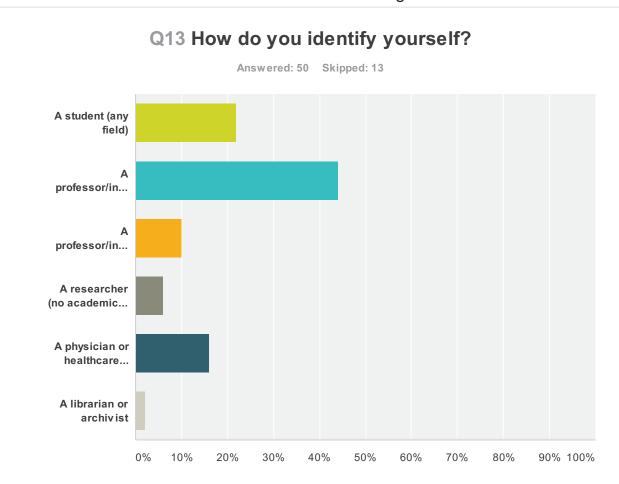
Correspondence	0.00%	16.33%	75.51%	8.16%	
	0	8	37	4	
Diagnostic indices	6.38%	25.53%	53.19%	14.89%	
	3	12	25	7	
Family medical histories	4.26%	23.40%	55.32%	17.02%	
	2	11	26	8	
Genetic testing records	23.91%	21.74%	17.39%	36.96%	
	11	10	8	17	
Graphs and charts	8.89%	44.44%	28.89%	17.78%	
	4	20	13	8	
Hospital policies	10.42%	43.75%	31.25%	14.58%	
	5	21	15	7	
Immunization records	27.08%	29.17%	16.67%	27.08%	
	13	14	8	13	
Insurance claims	25.00%	29.17%	12.50%	33.33%	
	12	14	6	16	
Informed consent records	18.75%	20.83%	43.75%	16.67%	
	9	10	21	8	
Lab notebooks	10.42%	25.00%	35.42%	29.17%	
	5	12	17	14	
Microscope slides/specimens	19.57%	26.09%	19.57%	34.78%	
	9	12	9	16	
Photographs/medical imaging	2.13%	40.43%	46.81%	10.64%	
	1	19	22	5	
Patient histories	0.00%	2.08%	91.67%	6.25%	
	0	1	44	3	
Patient questionnaires	2.04%	16.33%	73.47%	8.16%	
	1	8	36	4	
Patient summaries	2.04%	18.37%	73.47%	6.12%	
	1	9	36	3	
Prescription books/logs	12.50%	35.42%	35.42%	16.67%	
	6	17	17	8	
Research protocols	12.50%	29.17%	35.42%	22.92%	
	6	14	17	11	
Surgical logbooks	12.77%	34.04%	25.53%	27.66%	
	6	16	12	13	

#	Other (please specify)	Date
1	I do not deal with patient records in my research	1/10/2014 7:18 PM
2	See above	1/10/2014 6:18 PM

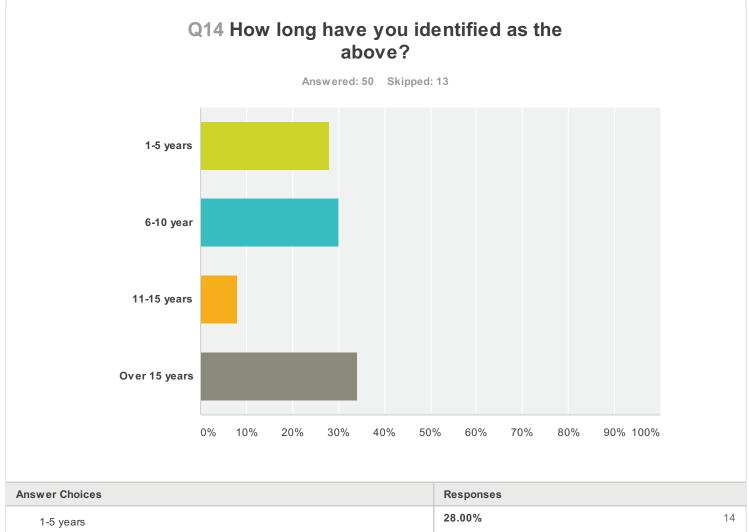
### Q12 Do you have comments regarding access to special collections containing health records?

Answered: 10 Skipped: 53

#	Responses	Date
1	I have been developing my family history for more than 40 years. Having access to ancestors' medical records would be useful to complete the story and useful to descendants in determining whether a condition might be genetic. Granting access based on how the census records are released (72 years) or even using 100 years as the barrier would be most helpful. If access to younger records is desired — a request with substantiating information could be made.	4/24/2014 8:41 AM
2	Very important to fight for access! HIPAA is supposed to protect vulnerable individuals, not obstruct research, esp if that research is politically controversial.	2/5/2014 6:40 PM
3	To the degree possible, it would be useful to allow as much access to information by researchers before triggering IRB provisions— e.g. it's better to have restrictions on what information (if any) can be recorded from documents than to prohibit seeing the documents at all. Blanket IRBs for access to non-patient related data at archives are also especially onerous.	2/4/2014 10:22 AM
4	Improving access to historical data to be able to conduct epidemiologic research over long time spans would be invaluable (and is work I am in the process of doing now)	1/24/2014 10:26 PM
5	Barrier to use: CT State law passed specifically banning access to patient records even if deposited in the State Library	1/24/2014 2:57 PM
6	no	1/23/2014 6:02 PM
7	no	1/11/2014 12:19 PM
8	It would be nice if every record collection had a stated policy about access, HIPPA compliance, and need for IRB approval.	1/10/2014 6:22 PM
9	Many archives deny access; there is great variation among archives making it impossible to plan a research project that would require use of patient records from various archives	1/10/2014 2:14 PM
10	Yes. Please stop applying HIPAA so broadly for historical research.	1/10/2014 2:10 PM



Answer Choices		;
A student (any field)	22.00%	11
A professor/instructor of history, the history of medicine, or the history of science	44.00%	22
A professor/instructor of another Humanities sub-discipline or a different discipline	10.00%	5
A researcher (no academic affiliation)	6.00%	3
A physician or healthcare provider with an interest in the history of medicine or science	16.00%	8
A librarian or archivist	2.00%	1
Total		50



Answer Choices	Responses	
1-5 years	28.00%	14
6-10 year	30.00%	15
11-15 years	8.00%	4
Over 15 years	34.00%	17
Total		50

