

**SOURCE DATA DECLARATION**

Date: \_\_\_\_\_

1. Name of person completing questionnaire: \_\_\_\_\_

Title: \_\_\_\_\_ Ext. \_\_\_\_\_

Dept.: \_\_\_\_\_

2. Who has been designated as your Source Data Custodian (i.e., This person will be the responsible individual for the Source Data and will be the liaison with the Health Information Committee):

\_\_\_\_\_

3. What types of Source Data do you maintain (i.e., x-rays, fetal monitor strips, EKGs, cardiograms, paper diagnostic tests, ultrasounds)

\_\_\_\_\_  
\_\_\_\_\_

4. What is the exact or approximate number of existing records? \_\_\_\_\_

5. How much additional Source Data is created and/or maintained annually?

\_\_\_\_\_

6. Where is the physical location of the Source Data? \_\_\_\_\_

\_\_\_\_\_

7. What days of the week and hours of the day are records available to other appropriate UTMB requestors?

\_\_\_\_\_  
\_\_\_\_\_

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In accordance with new hospital policies and new federal HIPAA regulations, I will keep Source Data separate from Case Management Records and will coordinate with Health Information Management to determine an appropriate process for responding to requests for the disclosure of Source Data.

\_\_\_\_\_  
Signature of Clinical Chairman or  
Department Director

\_\_\_\_\_  
Date

Submit completed form to: [chula@utmb.edu](mailto:chula@utmb.edu) or mail to Carl Hula at route 0782