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# Please Use Your Organization's Letterhead

*(Insert Date)*

CPHS Administrator  
1215 O Street, 11th Floor,  
Sacramento, CA 95814

Dear CPHS Administrator:

Principal Investigator: *(Principal Investigator's Full Name)*  
Project Title: *(Title of Project)*  
Project #: *(Project ID Number)* **Only required if you have received  
Project number from CPHS**

RE: Committee for the Protection of Human Subjects (CPHS) Data Security Requirements

*I (We)* have the responsibility with the *(Name of Organization)* for the security of the data being obtained, stored, and/or used for the research project referenced above.

*I (We)* certify that *(Name of Organization)* is in compliance with any applicable administrative, physical, and electronic safeguards as detailed in the [CPHS Data Security Requirements](#).

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Signature

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Signature

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Print Name

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Print Name

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Title  
(i.e., Chief Information Officer or Privacy Officer)

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Title

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Phone Number

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Phone Number

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Institution Affiliation

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Institution Affiliation

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Note: The signatures of the Primary Investigator (PI) and/or Responsible Official (RO) are **NOT** sufficient to meet this CPHS requirement. Any additional responsible individuals may also submit separate letters to meet this requirement. **Please secure all signatures prior to submission.**