

**Ethics Committee Initiation Form**

**Date of Receipt:** Select a date.

**How information was received:** Click dropdown to select an item.

**Initiator Information:**

- Name: Click or tap here to enter text.
- Organization: Click or tap here to enter text.
- Email: Click or tap here to enter text.
- Address: Click or tap here to enter text.
- Daytime Phone: Click or tap here to enter text.
- Cell Phone: Click or tap here to enter text.

**Related PPHD program area:**

Type the program/service area or name here.

**Brief description:**

Type a brief description of the concern here.

**Recommended change or action desired:**

Type a recommended change our outcome here.

**Name of Person Recording:** Name of person recording the report **Date:** Select a date.

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**FOR INTERNAL USE**

- Review date Select a date.
- Other possible questions to pursue? Click or tap here to enter text.

- Legal Review Needed? Y  N
- Legal review completed? Date Select a date.
- Initials Click or tap here to enter text.

HIPAA Considerations? Y  N  If yes, list: Type HIPAA Considerations Here.

Expedited Review  or Full Review ?

Any conflict of interest for committee members? Y  N  If yes, list: Type name of member(s) with conflict and the nature of the conflict

Recommendations for next steps? Click or tap here to enter text.