

University Logo

Month, Day, Year

HCAI Analyst  
Department of Health Care Access and Information  
2020 West El Camino Avenue, Suite 1100  
Sacramento, CA 95833

RE: Project PI:  
Project Title:  
HCAI Request Number:

To Whom It May Concern:

I have the responsibility <University> for the security of the data being obtained, stored, and/or used for the research project referenced above.

I certify that <University> is compliant with any applicable administrative, physical, and electronic safeguards as detailed in the HCAI Data Security Requirements. A copy of the guidelines can be viewed at the following link:

<https://HCAI.ca.gov/data-and-reports/request-data/data-documentation/security-guidelines/>

Sincerely,

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Name

Chief Information Officer

University

Phone number

This is a SAMPLE letter, not a template.  
This is meant to give you an idea of the  
information HCAI is looking for. You do  
not need to copy this letter verbatim.