

**PRINCIPAL INVESTIGATOR'S REQUEST
TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION**

**WITHOUT AUTHORIZATION
for
RESEARCH PURPOSES**

[HIPAA -- 45 CFR 164.512 (i)]

Principal Investigator: _____

IRB Protocol # (if applicable): _____

Title of Study:

Protected Health Information ("PHI") may be used and disclosed without authorization for research purposes under one of the following criteria (*check one and complete appropriate section below*):

- _____ **A.** Waiver of authorization approved by Institutional Review Board / Privacy Board.
_____ **B.** This is a review of PHI in preparation for research or to prepare a research protocol.
_____ **C.** This is research on PHI of decedents.

A. WAIVER OF AUTHORIZATION

(Check if N/A to this study _____)

As Principal Investigator, I certify there is there is minimal risk to the privacy of research participants in this study because:

- 1) I will protect personal identifiers from improper use and disclosure of Protected Health Information by (*describe*):

- 2)
 - a. I will destroy personal identifiers at the earliest opportunity consistent with conduct of the research (*describe*):

OR

- b. I cannot destroy identifiers because there is a health or research justification for retaining the identifiers or such retention is otherwise required by law (*describe*):

- 3) I will not allow reuse or disclose protected health information except:
- as required by law,
 - for authorized oversight by the Study Sponsor or its authorized representatives
 - for other research which would be permitted under the same conditions as this Study.
- Describe any re-use or disclosure:*

- 4) As Principal Investigator, I further certify that:
- this research could not practicably be conducted without a waiver of authorization, and
 - this research could not practicably be conducted without access to and use of the PHI.
- Describe why:*

- 5) Description of the Protected Health Information for which use or access is necessary for this study.

B. PREPARATION FOR RESEARCH

(Check if N/A to this study _____)

As Principal Investigator, I certify that:

- use and disclosure is requested solely to review PHI to prepare a research protocol or other similar preparation for research,
- no PHI will be removed from TTUHSC or its affiliates in the course of the review, and
- access to the PHI is necessary for the research purposes.

Describe:

C. RESEARCH ON DECEDENT'S PHI

(Check if N/A to this study _____)

As Principal Investigator, I certify that:

- use and disclosure is requested solely for research on PHI of decedents,
- documentation of the date of death of each decedent is immediately available upon request, and
- access to the PHI is necessary for the research purposes

Describe:

Signature of Principal Investigator

Date