TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER ("TTUHSC")

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 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 DECEDEDENT’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 ___________________________