PRINCIPAL INVESTIGATOR’S REQUEST
TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION
WITHOUT AUTHORIZATION

This form can be used to request that PHI be used for research purposes without obtaining the written authorization of the patient/research participant. This form is only to be used for those seeking to use PHI without authorization PREPARATORY TO RESEARCH or for RESEARCH on DECEDENTS.

THIS FORM IS NOT TO BE USED TO REQUEST A WAIVER OF AUTHORIZATION FOR RETROSPECTIVE MEDICAL RECORD REVIEWS DONE FOR RESEARCH PURPOSES. HIPAA WAIVER REQUESTS SHOULD BE SUBMITTED THROUGH iRIS IN CONJUNCTION WITH AN IRB SUBMISSION.

[HIPAA -- 45 CFR 164.512 (i)]

Principal Investigator: ________________________________
(PI must meet requirements for PI status in accordance with HSC OP 73.08)

Principal Investigator Title: ________________________________

Email: ________________________________________________

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. 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:
B. 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

Completed form should be delivered to a member of a TTUHSC Privacy Board.

Preferred Privacy Board members include IRB Administrators (Contact Information found here: http://www.ttuhsc.edu/research/hrpo/) or the HIPAA Privacy Officer on the Lubbock campus.

REQUEST REVIEWED AND APPROVED BY:

________________________________________    ________________
TTUHSC Privacy Board Member      Date:

(Privacy Board Member—Keep original form; copy to Principal Investigator; Include information on monthly accounting of PHI Without Authorization documentation in iRIS).