

Waiver of HIPAA Authorization Reviewer Checklist

Full Board Review

Expedited Review

Exempt Review

Reviewer: _____

Submission ID: _____

Principal Investigator: _____

Protocol #: _____

Site(s): _____

SUMMARY OF FINDINGS AND RECOMMENDATIONS:

The Waiver of HIPAA Authorization request must meet the following criteria:

1. The use or disclosure of the requested information involves no more than minimal risk to the privacy of the individuals because: Yes No

a. There is an adequate plan to protect the identifiers from improper use and disclosure; Yes No

AND

b. There is an adequate plan to destroy the identifiers at the earliest opportunity consistent with conduct of research, unless there is a health or research justification for retaining identifiers or such retention is otherwise mandated by applicable law; Yes No

AND

c. There is adequate written assurance that the requested information will not be reused or disclosed to any other person or entity except as required by law, for authorized oversight of the study or otherwise permitted by the Privacy Rule. Yes No

d. The research cannot practicably be conducted without the waiver Yes No

AND

e. The research could not practicably be conducted without access to and use of the requested information. Yes No

2. Check the PHI for which use or disclosure is determined to be necessary:

Names/Initials

Address

City

County

Precinct

Zip Code

Telephone number

Fax Number

E-mail Address

Social Security Number

Unique ID Numbers (student ID, health plan beneficiary number, medical record number, account number, etc.)

Certificate/License Number

Vehicle Identifiers

Device Identifiers

Web Universal Resource Locators (URLs)

Internet Protocol Address Numbers

Biometric Identifiers (including figure or voice prints)

Full Face Photographs and Comparable Images

Any other unique identifying number, characteristic, or code

All dates (except year) that are directly related to an individual (e.g., date of birth, graduation date, admission/discharge date)*

3. Specify the justification for granting the Waiver of HIPAA Authorization:

The request for Waiver of HIPAA Authorization determination is:

- Approved
- Approved with requested changes
- Denied (comment below)

Additional comments (if needed): See Comments in InfoEd

<hr/> <p>Reviewer Signature</p>	<hr/> <p>Date</p>
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