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Application For Waiver of HIPAA Authorization

Date

Section I

What is the Proposal Title?

What is the Investigator's Name?

Phone Number

What is the Coordinator's Name?

Phone Number

Section II

A request for HIPAA Waiver must satisfy the following criteria.

1. Identify the protected health information requested and explain how the use or disclosure of the requested information involves no more than a minimal risk to the privacy of individuals.

2. Provide an adequate plan to protect the identifiers from improper use and disclosure.

3. Provide an adequate plan to destroy the identifiers at the earliest opportunity consistent with conduct of the research, unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law.

4. Identify all persons and entities who will have access to the information and provide adequate written assurances 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 research study or for other research for which the use or disclosure of the requested information would be permitted by the Privacy Rule.

5. For records involving Drug Abuse, Alcohol Abuse, HIV Infection, and Sickle Cell Anemia, provide written assurance that the purpose of the data is to conduct scientific research and that no personnel involved in the study may provide, directly or indirectly, any information identifying a subject in any report of such research or otherwise disclose subject identities in any manner.

6. Explain why the research could not practicably be conducted without access to and use of the requested information.

7. Explain why the research could not practicably be conducted without a waiver of HIPAA authorization.