**Principal Investigator:** **Click once to type Principal Investigator's Name Here**

The HIPAA Privacy Rule allows a covered entity to use protected health information to create information that is not individually identifiable health information. Please read the following statements to assure that the data set requested meets the de-identification criteria. Also please attach a list of the specific criteria for data, records and/or specimens requested.

A de-identified data set (or de-identified specimens) may **not** include any of the following:

1. Names
2. Addresses other than state, and first three digits of the zip code (provided that this geographic unit contains more than 20,000 people)
3. All elements of date other than year, and all specific ages over 89 years
4. Telephone numbers
5. Fax numbers
6. Electronic mail addresses
7. Social security numbers
8. Medical record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers
13. Device identifiers and serial numbers
14. Web universal resource locators (URLs; web site addresses)
15. Internet protocol (IP) addresses
16. Biometric identifiers, including finger and voice prints
17. Full face photographic images and any comparable images
18. Any other unique identifying number, characteristic, or code

Any code used to link the de-identified data or specimens to identifiers must be held by the investigator in a secure manner. The code must not be derived from or related to information about the individual, and may not be otherwise capable of being translated so as to identify the research subject. The mechanism for re-identification must not be disclosed to any person outside of covered entity (the holder of the PHI from which the de-identified data was derived).

Please attach a list of the selection criteria for records required (e.g.; all diabetics seen in the Diabetic Clinic), the dates of the records required (e.g.; clinic visits from January 1, 1998 through December 31, 2005), and data fields required for the research.

**DATA AND/OR RECORDS NEEDED FOR RESEARCH PROTOCOL**

1. Selection Criteria (e.g.; asthmatics seen is Asthma Clinic):
2. Dates of required records: from \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_
3. Anticipated sources of information (check all that apply)

[ ]  Paper medical records

[ ]  Electronic files

[ ]  Source of Specimens: \_(Name of repository, types of specimens, etc.)\_\_\_\_

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Data fields required (list fields required from an electronic data base, or list variables to be recorded from the paper record by the researcher)

**Required Signatures**

**By submitting this form the PI attests to the following**:

-I declare that the requested information constitutes the minimum necessary data to accomplish the goals of the project/research.

-I agree that the health information that I am requesting is de-identified and will remain so, as required by the HIPAA Privacy Rule.

-I agree not to accept receipt of the de-identified data prior to obtaining the following certification by the holder of the PHI and review (for non-research/Non-human Research) and/or approval (for exempt research) by the UTHSCSA IRB.

**Click once to type Principal Investigator's Name Here**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PI Signature Date**

**By signing this form, a member of the covered entity agreeing to remove the identifiers described above, attests to the following:**

-I agree to remove the above named identifiers as required by the HIPAA Privacy Rule prior to releasing the de-identified data set or specimens to the principal investigator.

-I have no actual knowledge that the information remaining in the data or attached to the specimens after the above 18 identifiers are removed could be used alone or in combination with other information to identify the individual who is the subject of the information or specimen.

**Click once to type De-identifying individual's Name Here**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of De-identifying individual Date**