



# State of Connecticut

Department of Developmental Services

Institutional Review Board



To ensure compliance with The Health Insurance Portability and Accountability Act (HIPAA), the Institutional Review Board (IRB) must ascertain whether researchers are using Protected Health Information (PHI). In order for the IRB to make this assessment, you will need to complete this form for each study you file with the IRB. Please duplicate this form as necessary.

Title of Study: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

*To be completed by IRB*

IRB Protocol #: \_\_\_\_\_

**Section A.** Place a checkmark next to **ALL** types of data you propose to collect for this study:

- Name
- Geographic subdivisions smaller than a state
- Employment or educational information
- Any elements of date (except year) related to an individual, including dates of birth, admission, service rendered, discharge, or death. For persons older than 90 years of age, the year of birth cannot be used.
- Telephone numbers
- FAX numbers
- Electronic mail addresses or social media identifiers
- Social Security Numbers
- Medical record numbers
- Health plan beneficiary numbers (such as Medicare, Medicaid)
- Account numbers
- Certificate/license numbers
- Vehicle identifiers and serial numbers including license plates
- Device identifiers and serial numbers
- Web URLs
- Internet protocol addresses
- Biometric identifiers, including finger and voice prints
- Photographs or images
- Any other unique identifying numbers, characteristics or codes. Please describe:

\_\_\_\_\_  
\_\_\_\_\_

If you did not check any item listed above, please sign and date this form and submit it to the DDS IRB office, 460 Capitol Avenue, Hartford, CT 06106. If you checked any item listed above, please continue to **Section B**.

**I certify that the proposed research study will not access any PHI listed above.**

\_\_\_\_\_  
Principal Investigator's Signature

\_\_\_\_\_  
Date

