**APPLICATION FOR WAIVER OF HIPAA AUTHORIZATION REQUIREMENT**

**Email this form and all study documents in Microsoft® Word format to** mhadmhasirb@ct.gov

**TITLE OF STUDY:**

**DATE OF APPLICATION:**

**PRINCIPAL INVESTIGATOR:**

**ELEMENTS OF PROTECTED HEALTH INFORMATION THAT IS PROPOSED TO BE USED OR DISCLOSED WITHOUT INFORMING RESEARCH PARTICIPANTS (check all that apply):**

**[ ]  Names [ ]  Dates directly related to an individual**

**[ ]  Geographic subdivisions smaller than a state (e.g., DOB, discharge date)**

**[ ]  Email addresses [ ]  Social security numbers**

**[ ]  Telephone numbers [ ]  Medical record numbers**

**[ ]  Fax numbers [ ]  Account numbers**

**[ ]  Linkage codes to allow re-identification [ ]  Health plan numbers**

**[ ]  Full-face photo images or comparable images [ ]  Certificate/license numbers**

**[ ]  IP (Internet Protocol) address numbers [ ]  Vehicle identifiers/serial numbers**

**[ ]  Device identifiers & serial numbers [ ]  Biometric IDs (including finger or voice prints)**

**[ ]  URLs (http://…)**

**[ ]  Any other unique identifying data (describe):**

**HOW IS THIS PHI PROPOSED TO BE USED OR DISCLOSED BY THE INVESTIGATOR?**

**WAIVER OF HIPAA AUTHORIZATION REQUIRES THAT THE FOLLOWING CRITERIA ARE MET:**

1. The use or disclosure of PHI involves no more than a minimal risk to the privacy of individuals, based on, at least, the presence of the following elements:

 An adequate plan to protect the identifiers from improper use and disclosure

 **How does the research meet this criterion?**

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

 **How does the research meet this criterion?**

 Adequate written assurances that the PHI will not be reused or disclosed except as required by law, for authorized oversight of the research study, or for other research for which the use or disclosure of PHI would be permitted by the Privacy Rule

 **How does the research meet this criterion?**

2. The research could not practicably be conducted without the waiver or alteration.

 **How does the research meet this criterion?**

3. The research could not practicably be conducted without access to and use of the PHI.

 **How does the research meet this criterion?**

***By printing my name below, I certify that I will conduct the research as described in this application and approved by the DMHAS IRB.***

**Principal Investigator Name Date Time**