

KUMC HUMAN SUBJECTS COMMITTEE
Application for Waiver of HIPAA Privacy Authorization for Studies Using PHI*

SUBMIT TWO COPIES OF THIS FORM TO THE HSC OFFICE

HSC#

Project Title:

Responsible Investigator:

Department/School:

I. Please describe the protected health information that you wish to access or use.

II. Who holds the records you wish to access?

III. Subject information:

How many subjects do you plan to study?

Approximately how many charts do you need to review in order to complete the project?

IV. To obtain approval for a waiver or alteration of the HIPAA privacy authorization, the research project must meet the federal regulatory criteria listed below. Please describe how your study meets these criteria.

a) There is an adequate plan to protect subject identifiers from improper use and disclosure.

*To determine whether the project involves protected health information (PHI) please refer to the PHI Checklist at www.kumc.edu/hipaa/research/

- b) **There is 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.**

- c) **Protected health information (PHI) 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 use or disclosure of PHI would be permitted under HIPAA regulations.**

- d) **The research could not practicably be conducted without the waiver or alteration.**

- e) **The research could not practicably be conducted without access to and use of PHI.**

Principal Investigator

Date

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