**APPLICATION for RESEARCH on DECEDENTS’ INFORMATION (HIPAA)**

**For Research within the Covered Entity (Biomedical Research)**

## University of Utah, Institutional Review Board

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| --- | --- | --- | --- |
| Principal Investigator: |       | Contact Person(if different from PI): |       |
| Employee/Student#: |       | Phone: |       | Employee/Student#: |       | Phone: |       |
| Email: |       | Email: |       |
| Department: |       | Department: |       |
| Campus Address*:* |       | Campus Address: |       |
| Co-Investigator(s)(Name & affiliation or “None”): |       |
| Names of persons to have access: |  |
| Title of Study: |       |

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| 1. Topic of research preparation:

       |
| 1. Description of information to be reviewed:

       |

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| 1. Data elements requested:
 |
|  | [ ]  DX[ ]  DRG | [ ]  Acct #[ ]  MR# | [ ]  Admit Date[ ]  Disch Date | [ ]  Pt Name[ ]  Pt Addr | [ ]  Procedure[ ]  Proc. Date |
| [ ]  Other patient identifiers (please specify):       |
| 1. Specific diagnoses or procedures requested for search: (must be completed)

       |
| 1. Time period of records: From       to      .
 |
| 1. Location of records to be reviewed:
 |       |
| 1. Will any identifiable information be “Disclosed” outside the “Covered Entity”? [ ]  Yes; [ ]  No. If so, please complete and attach Information for Accounting of Disclosures.
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| 1. INVESTIGATOR'S REPRESENTATION

As the principal investigator for this research, I certify the following:* + - 1. I seek to review Protected Health Information[[1]](#footnote-1) solely for research on the PHI of decedents;
			2. The PHI for which I seek use or access is the minimum necessary for the research purposes.
			3. If I am researching heritable diseases, I will obtain and keep in my files documentation of the death of such individuals (e.g., death certificate or autopsy report).
 |
| 1. Principal Investigator’ssignature:
 | Date:       |
| 1. Principal Investigator’s position:      If PI is a student, volunteer faculty member or staff, a faculty sponsor’s signature is required.
 |
| * If required:Faculty sponsor’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty sponsor’s name:       | Date:       |
|  |  |
| Authorized IRB/Privacy Board Reviewer | Date |

1. *Protected Health Information (PHI)* is information about the past, present, or future physical or mental health of an individual that identifies or could be use to identify the individual and is created or received by a Covered Entity. (45 CFR 160.301, 164.501; information about the provision of health care and payment for health care is included; some educational and employment records are excluded.) [↑](#footnote-ref-1)