

**PRINCIPAL INVESTIGATOR'S REQUEST
USE AND DISCLOSE PROTECTED HEALTH INFORMATION
WITHOUT AUTHORIZATION**

This form can be used to request that protected health information (PHI) be used for research purposes without obtaining the written authorization of the patient/research participant. This form is only to be used for those seeking to use PHI without authorization PREPARATORY TO RESEARCH or for RESEARCH on DECEDENTS.

THIS FORM IS NOT TO BE USED TO REQUEST A WAIVER OF AUTHORIZATION FOR RETROSPECTIVE MEDICAL RECORD REVIEWS DONE FOR RESEARCH PURPOSES. HIPAA WAIVER REQUESTS SHOULD BE SUBMITTED THROUGH iRIS IN CONJUNCTION WITH AN IRB SUBMISSION.

[HIPAA -- 45 CFR 164.512 (i)]

Principal Investigator: _____
(PI must meet requirements for PI status in accordance with TTUHSC El Paso OP 73.08)

Principal Investigator Title: _____

Email: _____

Title of Study: _____

PHI may be used and disclosed without authorization for research purposes under one of the following criteria (*check one and complete appropriate section below*):

A. PREPARATION FOR RESEARCH (Check if N/A to this study: _____)

As Principal Investigator, I certify that:

- use and disclosure is requested solely to review PHI to prepare a research protocol or other similar preparation for research,
- no PHI will be removed from TTUHSC El Paso or its affiliates in the course of the review, and
- access to the PHI is necessary for the research purposes.

Describe:

B. RESEARCH ON DECEDENT'S PHI

(Check if N/A to this study _____)

As Principal Investigator, I certify that:

- use and disclosure is requested solely for research on PHI of decedents,
- documentation of the date of death of each decedent is immediately available upon request, and
- access to the PHI is necessary for the research purposes

Describe:

Signature of Principal Investigator

Date

Completed form should be delivered to a member of a TTUHSC El Paso Privacy Board.

Preferred Privacy Board members include IRB Administrators (Contact Information found here: <http://elpaso.ttuhsce.edu/research/committees/irb>) or the HIPAA Privacy Officer (TTUHSC El Paso)

REQUEST REVIEWED AND APPROVED BY:

TTUHSC El Paso Privacy Board Member

Date:

(Privacy Board Member—Keep original form and provide a copy to the Principal Investigator; include information on monthly accounting of PHI Without Authorization documentation in iRIS).