University of Central Arkansas
HIPAA Waiver of Authorization Form

1. The use or disclosure of Protected Health Information (PHI)* involves no more than a minimal risk to the privacy of individuals. Explain why.

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2. Include a detailed list of the PHI to be collected and a list of the source(s) of the PHI.

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3. Describe the plan to protect PHI.

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4. Indicate where PHI will be stored.

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5. Who will have access to the PHI? (Note: researchers must list all of the entities that are able access to the study's PHI such as UCA Institutional Review Board, UCA representatives, sponsors, FDA, data safety monitoring boards and any others given authority by law).

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6. All PHI collected during the study will be destroyed at the earliest opportunity consistent with the conduct of research, which is: (explain below). Alternatively, PHI collected during the study will not be destroyed because: (explain below).

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7. Please describe the procedure used to destroy PHI collected during the study (electronically, paper, audio/video, photography, other).

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8. The research could not practicably be conducted without the waiver because (explain below).

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9. The research could not practicably be conducted without access to and use of the PHI because (explain).

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10. The HIPAA regulation requires reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure or request. Please note that researchers are also accountable for any PHI released under a waiver. Explain why PHI obtained for this study is/are the minimum information needed to meet the research objectives.

_____
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_____

The information listed in the waiver application is accurate and all research staff** will comply with the HIPAA regulations and the waiver criteria. I assure that PHI obtained as part of this research will not be reused or disclosed to any other person or entity other than those listed on this form, except as required by law. If at any time I want to reuse this information for other purposes or disclose the information to other individuals or entity I will seek approval by the IRB.

Investigator's Name:_____ Date:_____

Principal Investigator Signature: _____

*PHI: individually identifiable health information transmitted or maintained in any form (electronic means, on paper, or through oral communication) that relates to the past, present or future physical or mental health or conditions of an individual plus any of the 18 identifiers listed in the regulations.
**Note: Research staff is defined as ALL study personnel (including PI) that is involved in the research.