**The University of Mississippi**

**Office of Research and Sponsored Programs**

***Division of Research Integrity and Compliance – Institutional Review Board***

**100 Barr Hall – University MS 38677**

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### Appendix F

### HIPAA Waiver of Authorization Request

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| 1. Check the following Protected Health Information (PHI) Identifiers to which you will require access to conduct your research.    1. Names    2. All geographical identifiers smaller than a state       1. Exception: the initial three digits of a zip code if, according to the current publicly available data from the Bureau of the Census:          1. the geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; AND          2. the initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000    3. Dates (other than year) directly related to an individual    4. Phone numbers    5. Fax numbers    6. Email addresses    7. Social Security numbers    8. Medical record numbers    9. Health insurance beneficiary numbers    10. Account numbers    11. Certificate/license numbers    12. Vehicle identifiers and serial numbers, including license plate numbers;    13. Device identifiers and serial numbers;    14. Web Uniform Resource Locators (URLs)    15. Internet Protocol (IP) address numbers    16. Biometric identifiers, including finger, retinal and voice prints    17. Full face photographic images and any comparable images    18. Any other unique identifying number, characteristic, or code except the unique code assigned by the investigator to code the data        1. Describe: |
| 1. Explain how the use and disclosure of the required information presents no more than minimal risk to the privacy of the individual. |
| 1. Describe the plan to protect the identifiers from improper use and disclosure (i.e., where the identifiers will be stored and who will have access). Computers containing the data must not be connected to the Internet, and either 1) data must be encrypted or 2) computer must be password protected and locked in a room with access limited to the investigators. |
| 1. Describe the plan to destroy the identifiers at the earliest opportunity consistent with the conduct of the research. If there is a health or research justification for retaining identifiers or, if retention is required by law, please provide this information as well. |
| 1. Explain why the research could not be practicably conducted without the alteration or waiver. |
| 1. Explain why the research could not be conducted without access to and use of PHI. |
| 1. The Privacy Rule requires that when a waiver is granted only the minimum necessary health information be used/disclosed. Provide justification that the PHI being requested is the minimum necessary information reasonably necessary to accomplish the objectives of the proposed research. |