

**OKLAHOMA STATE UNIVERSITY
CENTER FOR HEALTH SCIENCES**

**APPLICATION FOR RESEARCH
INVOLVING ONLY DECEDENTS' INFORMATION**

Title:

Principal Investigator: _____

Principal Investigator's Address: _____

Principal Investigator's Telephone Number: _____

Other Investigators: _____

Date: **April 14, 2003**

The Privacy Regulations issued under the Health Insurance Portability and Accountability Act ("HIPAA") require investigators to make certain representations *before* using or disclosing decedent's protected health information ("PHI") for research. A "use" is sharing PHI among the Oklahoma State University Center for Health Sciences ("OSU-CHS") workforce. A "disclosure" is sharing PHI with someone outside the OSU-CHS workforce.

This form must be completed by the principal investigator who intends to examine records/specimens of deceased persons that contain PHI *before* the investigator examines those records.

The principal investigator makes the following representations:

1. The research study is briefly described as follows: _____

2. To conduct the above-described research, I require access to the following PHI of decedents: _____

[Describe the database to be used and the type of information required by the investigators.]

This PHI of the decedents is the minimum necessary to conduct the research for which this request is being made.

3. The use or disclosure of PHI is sought solely for research on the PHI of decedents and not family members or other third parties and will not be used or disclosed for any other purpose.

4. If the Institutional Review Board requests it, the investigator will provide documentation as to the death of the individuals.
5. The PHI is necessary for the research purposes.
6. I will safeguard the PHI while I am using it and I will destroy the PHI after it is no longer needed for the research purposes for which I am requesting it. After _____ [date] _____, I will no longer access or use decedent's PHI covered by this Application for any purposes.

Signature of Principal Investigator

Date

NOTE: The researcher must track disclosures of PHI which are made in the course of the review of decedents' PHI. This means that a record of any disclosures made during the review must be kept. The form for this purpose is entitled, "Disclosure Accounting Forms".

After this form is completed, submit the form to the OSU-CHS IRB Administrator.

FOR IRB USE ONLY

IRB No.: _____

Reviewed by: Convened IRB

IRB Chair or Vice Chair pursuant to expedited procedures

The representation for research on decedents' protected health information is:

Approved

Not approved (*explanation*)

Comments:

Signature of IRB Chair or Vice Chair

Date

Print Name