| Department of Veterans Affairs   | IRB Documentation of Waiver of HIPAA<br>Authorization for Research   |
|--|--|
| VA Facility Name   | Station Number   |
| Title of Study   |  |
| Principal Investigator (Last, First, Middle)   |  |
| Give a brief description of the Protected Health Information (PHI), including the identifiers, for which use or access has been determined to be necessary by the IRB. Example: name, initials, medical record information, x-rays, etc. |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| FOR IRB USE ONLY BELOW THIS LINE   |  |
| NOTE: For an IRB or Privacy Board to approve a waiver of HIPAA authorization for research, it must determine that the following criteria have been met as required by 45 CFR 164.512(i).   |  |
| The IRB has determined that (check all that apply):  |  |
| The use or disclosure of the PHI involve<br>based on, at least, the presence of all the  | es no more than minimum risk to the privacy of individuals,<br>he following elements:  |
| An adequate plan to protect the id   | lentifiers from improper use and disclosure.   |
|  | dentifiers at the earliest opportunity consistent with conduct<br>Ith or research justification for retaining the identifiers or<br>ed by law.   |
| or entity, except as required by law   | the PHI will not be reused or disclosed to any other person<br>w, for authorized oversight of the research study, or for other<br>closure of PHI would be permitted by the HIPAA Privacy |
| The research could not practicably be c  | conducted without the waiver or alteration.  |
| The research could not practicably be c  | conducted without access to and use of the PHI.  |
| Note: If an IRB determines that all criteria ar  | e <u>not meet, the IRB cannot approve the waiver.</u>  |

| IRB Documentation of Waiver of HIPAA Authorization for Research - Page2  |  |  |
|--|--|--|
| This waiver of authorization is for: (Check only one of the following)   |  |  |
| Use of PHI only of recruitment of study subjects   |  |  |
| Use or disclosure for recruitment of study subjects and one or more phases or aspects of the study.<br>List/describe the phase or aspects. |  |  |
|  |  |  |
|  |  |  |
| Use or disclosure for one or more phases or aspects of the study but not recruitment. List/<br>describe the phase or aspects.              |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| This waiver has been approved by:  |  |  |
| Convened board review  |  |  |
| Expedited board review   |  |  |
|  |  |  |
|  |  |  |
| Signature IRB Chair or Voting Member of the IRB  |  |  |
| Name of the IRB  |  |  |
|  |  |  |
| Name of the IRB's sponsoring institution   |  |  |
| Location (City, State)   |  |  |