**General Information**

Principal Investigator: Enter PI Name WVU Protocol Number:Enter protocol #

Personnel: Enter Name(s) of Everyone with Access to PHI

**HIPAA Identifiers Reviewed**

Please check each box for the expected HIPAA Identifiers that will be reviewed. Select all that apply:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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|  |  |
| --- | --- |
| [ ]  Name  | [ ]  Geographic information smaller than state (i.e. zip code) |
| [ ]  Phone Number | [ ]  Email Address |
| [ ]  Fax Number | [ ]  Social Security Number (SSN) |
| [ ]  Health plan beneficiary numbers | [ ]  Medical Record Number (MRN) |
| [ ]  Certificate/license numbers  | [ ]  Vehicle Identifiers and Serial Numbers |
| [ ]  Device Identifiers  | [ ]  Web Universal Resource Locators (URLs) |
| [ ]  Internet Protocol (IP) address numbers  | [ ]  Biometric identifiers, including finger and voice prints |
| [ ]  Account Number  | [ ]  Full Face photographic images and any comparable |
| [ ]  Other identifying number, characteristic, or code | [ ]  Other (Please Describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Elements of dates (except year) directly related to an  individual, including birth date, admission date, discharge  date, date of death; and all ages over 89 and all elements of  dates (including year) indicative of such age, except that such  ages and elements may be aggregated into a single category of  age 90 or older | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Note:** A unique identifying number, characteristic, or code does not mean the unique code assigned by the investigator to code the data. |

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**Investigator Agreement**

[ ]  I seek access to the above-referenced PHI solely for research on the PHI of decedent(s), as

indicated above. I understand that I may not request decedent’s medical history to obtain information about another living person(s), such as a decedent’s living relative.

[ ]  I affirm that access to the above-referenced PHI is necessary for my research purposes.

[ ]  I agree to provide, at the request of the Director of the Human Research Protection Program or his/her designee, documentation of the death of the decedent(s) noted above.

[ ]  I represent that all of the above statements are true.