

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

- Account numbers
- All geographic subdivisions smaller than a State, including: Street address, city, county precinct, zip code and equivalent geocodes (NOTE: You can keep the first 3 digits of the zip code IF they represent an area larger than 20,000 people)
- Any other unique identifying number, characteristic or code
- Biometric identifiers, including finger and voice prints
- Certificate/License numbers
- Dates (except year) directly related to an individual [birth date; admission date; discharge date; date of death; ages greater than 89 and all parts of age that indicate such an age (may be aggregated into a category, i.e., age greater than 90)]
- Device identifiers and serial numbers
- E-mail addresses
- Facial photographs and any comparable images
- Fax numbers
- Health plan beneficiary numbers
- Internet protocol (IP) addresses
- Medical record numbers
- Names
- Social Security numbers
- Telephone numbers
- Vehicle identifiers and serial numbers, including license plate numbers and VINs
- Web universal resource locators (URLs)

Please read each statement below and check each box to indicate your 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 a decedent's medical history to obtain information about another living person(s), such as a decedent's living relative(s).
- 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 Research Compliance or his/her designee, documentation of the death of the decedent(s) noted above.
- I represent that all of the above statements are true.