**HIPAA WAIVER AUTHORIZATION**

**Instructions:** Please complete this form if:

* A HIPAA Waiver Authorization is requested (complete Sections 1 and 2). To qualify for a waiver, all of the conditions below must be met. A Waiver of Authorization does not imply that your research is exempt from HIPAA’s Privacy Rule; it means only that you do not need a signed authorization from each research subject.

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| **1. GENERAL INFORMATION**  |
|  **Protocol Title:**  | **Date:**  |
|  **Principal Investigator:**  |
|  **Phone:** | **Email:**  |
|  **Co-Investigator:** |
| **2. HIPAA WAIVER OF AUTHORIZATION.** If requesting a waiver of authorization for the collection of private health information, please provide a rationale for each of the following criterion. Please note that a waiver can only be granted if all of the following criteria are met. **N/A [ ]**  |
| 1. The research use of the health information does not present more than minimal risk to privacy
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| 1. The research could not be done without the requested health information
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| 1. It would not be practical to obtain signed authorizations from the research subjects
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| 1. The specific elements of health information that are requested are not more than the minimum necessary to accomplish the goals of the study
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