**(For HREB use Only) Protocol #:**

**State University of New York at New Paltz**

**Human Research Ethics Board**

**HIPAA De-Identification Certification Form**

*This form should be completed if all the health information required for use in your research activity is stripped of the subject identifiers listed below. If all of these identifiers are removed prior to use, then your research activity is considered exempt from the requirements of the federal privacy law (HIPAA)*

Principal Investigator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

“I certify that neither my research team nor I will record or use the following subject identifiers from any health information obtained for use in the research study referenced above:

***(Review and verify each by checking off)***

\_\_\_\_Names-including initials (of the individual, employer, relatives, etc.)

\_\_\_\_Address (street, city, county, precinct, zip code except, e.g., for the initial 3 digits if the geographic unit contains more than 20,000 people, any other geographic codes)

\_\_\_\_ Telephone numbers

\_\_\_\_Fax numbers

\_\_\_\_Social Security Numbers

\_\_\_\_Dates directly related to an individual, except for years (birth date, admission date, discharge date, date of death, ages > 89 and all elements of dates indicative of such age, except that such age and elements may be aggregated into a category ‘age > 90’)

\_\_\_\_Electronic mail (e-mail) addresses

\_\_\_\_Web Universal Resource Locators (URLs)

\_\_\_\_Internet Protocol (IP) address numbers

\_\_\_\_Medical Record numbers

\_\_\_\_Health plan beneficiary numbers

\_\_\_\_Account numbers

\_\_\_\_Certificate/License numbers

\_\_\_\_Vehicle Identifiers and Serial numbers (e.g., VINs, License plate numbers)

\_\_\_\_Medical Device identifiers and Serial numbers

\_\_\_\_Biometric Identifiers (e.g., finger or voice prints)

\_\_\_\_Full face photographic images and any comparable images

\_\_\_\_ Any other unique identifying number, characteristic, or code\* ”

\*A code may be permitted in certain limited cases in order to allow re-identification if: 1. The code is not derived from or related to information about the individual and is not otherwise capable of being translated so as to identify the individual and 2. The code is not used or disclosed for any other purpose and the mechanism for re-identification is not disclosed.

**The use of a code automatically requires an HREB application for review.**

Principal Investigator Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_