

State University of New York at New Paltz
Institutional Review 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 IRB application for review.

Principal Investigator Signature _____
Date _____