

State University of New York at New Paltz  
Institutional Review Board

### **Application for HIPAA Waiver of Authorization**

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

Project Title & Number: \_\_\_\_\_

***Under the federal privacy rule, 'HIPAA', research use or disclosure of an individual's identifiable health information (IIHI) requires the individual's authorization, unless the use or disclosure is determined by the IRB to qualify for a waiver.***

I. List, in detail, the health information that is to be collected for the research activity, and, explain why this health information is the minimum necessary to meet the research objectives.

II. Identify the source of the health information (e.g., medical record etc). Note that the source ('entity') must be able to account for disclosures made under this waiver.

**III. The use or disclosure of IIHI for this research activity must involve no more than minimal risk to the privacy of individuals, based on the presence of the following 3 elements:**

a. An adequate plan to protect the identifiers from improper use and disclosure. Describe this plan and indicate where IIHI will be stored, and who will have access (this list must be inclusive, i.e., sponsor, IRB, OHRP, FDA, data safety monitoring boards, research team.

**The plan is:**

b. An adequate plan to destroy the identifiers at the earliest opportunity consistent with the conduct of the research, unless there is a health or research justification for retaining the identifiers or such retention is required by law.

**The plan (including HOW the identifiers will be destroyed, e.g., shredding documents etc.) is:**

c. Adequate written assurances that the IIHI will not be reused or disclosed to any other person or entity, except as required by law, or for other research which would be specifically approved by the SUNY New Paltz IRB and would qualify for a waiver of authorization. Principal investigator signature at the end of this document signifies assurance of compliance with this requirement.

IV. The research cannot practicably be carried out without the waiver.  
**Explain why:**

V. The research could not practicably be conducted without access to, and use of, the IIHI.  
**Explain why:**

My signature below assures that the IIHI obtained as above will not be reused or disclosed to any other person or entity, except as required by law, or for other research specifically approved by the SUNY New Paltz IRB (and again, qualifying for a waiver of authorization).

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

\_\_\_\_\_  
Date

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IRB USE ONLY:

This waiver of authorization has been reviewed and approved via expedited\_\_\_\_\_, full committee\_\_\_\_\_ review procedures, in accordance with 45CFR46.

\_\_\_\_\_  
IRB Chair or designee

\_\_\_\_\_  
Date of approval