5/4/2017 Edit/View



Edit: Board Checklist - CHK_00058661

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Waiver or Alteration of HIPAA Authorization Requirements.

Instructions for board members:

- If you answer "yes," the required criterion is satisfied.
- If you answer "no," the required criterion is not satisfied. You may request modifications in the "Specified Concerns"
- In order to approve the waiver or alteration, the IRB must determine that all of the criteria are satisfied.

Select the type of review (you	ı mav select more than one)
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the HIPAA Privacy Rule?

00	delete the type of review (you may select more than one).		
	Waiver of Authorization for One or More Phases/Cohorts of the Research		
	Naiver of Authorization for Recruitment Only (this also covers the determination for a waiver of consent for recruitment only)		
	Alteration of Author	rization (one or more components of authorization are altered or removed)	
O O Cle		Does the proposed use or disclosure of PHI involve no more than a minimal risk to the privacy of individuals?	
O O Cle		Does the investigator provide adequate justification that the research could not be practicably conducted without the waiver or alteration?	
O O Cle		Does the investigator provide adequate justification that the research could not be practicably conducted without access to and use of the PHI?	
O O Cle		Does the investigator provide an adequate plan to protect the identifiers from improper use and disclosure?	
O O Cle		Does the investigator provide an adequate plan to destroy the identifiers at the earliest opportunity consistent with the conduct of research, unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law?	
0	Yes No	Does the investigator provide adequate written assurances that the PHI will not be reused or disclosed to any other person or entity, except as required by law, for authorized oversight of the research study, or for other research for which the use or disclosure of PHI would be permitted by	

Specific Concerns:

<u>Clear</u>

If any, explain any concerns you may have and WHY they are of concern. You must be very specific. If you have none, please state "None."

DETERMINATION: Is the requirement for obtaining authorization waived or altered?

O Yes.

O No.

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Clear

O Yes, if the above stipulation is met.

Save

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