Sparrow

REQUEST FOR WAIVER OF AUTHORIZATION SUBMISSION FORM

WA 1001 A

Project or protocol title:

Principal investigator/Researcher:	Phone:
Address:	
Contact person: (same as above)	Phone:
Address: (same as above)	Fax:
	E-mail:

SPONSOR OR FUNDING ORGANIZATION:

Contact person:	Phone:
Address: (same as above)	Fax:
	E-mail:

Where will the data be gathered?

	Include all locations for study related activities here or on separate sheet.

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The following required materials have been included with this submission	⬜ Protocol or plan for gathering and analyzing the data ⬜ Completed Submission Form ⬜ A copy of your data recording tool ⬜ CV/Resume of Principal Investigator / Researcher ⬜ Other

Waiver is requested in order to use or disclose the following identifiers:

- ❒ Name;
- ❒ All geographic subdivisions smaller than a state except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of the Census:
  - ❒ The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people, and
  - ❒ The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000;
- ❒ Dates directly related to an individual, i.e., birth date, admission date, discharge date, date of death (only the year may be included);
- ❒ For individuals over 89, all elements of dates (including year) indicative of such age (except where aggregated into a single category of age 90 or older);
- ❒ Telephone numbers;
- ❒ Fax numbers;
- ❒ Electronic mail addresses;
- ❒ Social security numbers;
- ❒ Medical record numbers;
- ❒ Health plan beneficiary numbers;
- ❒ Account numbers;
- ❒ Certificate/license numbers;
- ❒ Vehicle identifiers and serial numbers, including license plate numbers;
- ❒ Device identifiers and serial numbers;
- ❒ Web Universal Resource Locators (URLs);
- ❒ Internet Protocol (IP) address numbers;
- ❒ Biometric identifiers, including finger and voice prints;
- ❒ Full face photographic images and any comparable images; and
- ❒ Any other unique identifying number, characteristic, or code.

Rationale for Waiver of Authorization

The protocol or study plan must address each of the following. (Indicate the page # or section that addresses each item. If the item is not in the protocol, Include the information below or on an additional sheet):

Section or pg. #	Required Element
	The objective of the research project
	Why the research could not practicably be conducted without the alteration or Waiver of Authorization
	Why the research could not practicably be conducted without access to and use of the protected health information
	The rational for the use of the selected subject population
	The procedures that will be performed to generate research data
	Each element of the data set to be used in the research and the rationale for its inclusion in the data set
	The plan to protect the identifiers from improper use and disclosure
	Describe your security steps to protect health information so it will not be reused or disclosed to any other person or entity
	Describe the plan to destroy the identifiers. (If there is no intent to destroy identifiers, discuss the health or research justification for retaining the identifiers, or such retention is otherwise required by law)
	The anticipated beginning and end dates of the project (or approximate length of data gathering activities)
	Number of records involved in the project

INVESTIGATOR'S ASSURANCE

I certify that the information provided in this request for Waiver of Authorization is complete and correct.

- I understand that as the investigator, I have ultimate responsibility for the protection of confidential information and to ensure the privacy of research subjects and their protected health information.
- I agree to comply with all requirements of The Privacy Board as well as with all applicable federal, state, and local laws.
- I have read the regulations and understand my responsibilities and the requirements for using and disclosing protected health information.

Principal Investigator/Researcher	Date