# Waiver of HIPAA Authorization and Informed Consent

1. IRB Protocol Title:

2. Principal Investigator:

3. Request to Waive HIPAA Authorization for Research. Provide protocol-specific responses that describe why the waiver is being requested for this use of PHI in this research.

a. The use/disclosure of protected health information (PHI) involves no more than minimal risk to the privacy of individuals.

i. Describe the plan to protect the identifiers from improper use and disclosure:

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

b. Describe why the research cannot practicably be conducted without the waiver or alteration of patient authorization to use PHI in research:

c. Describe why the research cannot practicably be conducted without access to and use of the PHI:

4. Request to Waive Informed Consent Along with HIPAA Authorization

Provide protocol-specific responses that describe why the waiver of consent is being requested along with this use of PHI in this research.

a. Describe why the research involves no more than minimal risk to the subjects:

b. Describe why the waiver or alteration will not adversely affect the rights and welfare of the subjects:

c. Describe why the research could not practicably be carried out without the waiver or alteration of informed consent:

d. Describe how, whenever appropriate, the subjects will be provided with additional pertinent information after participation: