Waiver of HIPAA Authorization Addendum

(Syracuse, Canandaigua & Bath VAMCs)

***This form is used in addition to VA Form 10-0521. The text box in section 1 of VA Form 10-0521 is very limited and many times does not have enough room to include all of the required information for a waiver request. Please include this HIPAA Waiver Addendum with your waiver request.***

**I. Project Identification**

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| **Title of Project** |  |
| **Principal Investigator** |  |

**II. Type of Request**

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| **[ ]**  | Waiver of the HIPAA authorization requirement is required for recruitment purposes only. HIPAA authorization will be sought from participants prior to enrollment. |
| **[ ]**  | Waiver HIPAA authorization requirement |

**II. Justification for Waiver or Alteration**

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| ***The principal investigator must provide a response for each of the items listed below if applicable.*** |
| 1. Give a brief description of the protected health information for which use or access has been requested and to which the waiver would apply.

1. Describe why the research would not be possible without the waiver.

1. Does this waiver include the use of 38 USC 7332 information (applicable to drug abuse, alcohol abuse, HIV infection, and sickle cell anemia records), **YES [ ]  NO [ ]**

If **YES**, the waiver of HIPAA authorization is for the use of 38 USC 7332 information you certify that the purpose of the data is to conduct scientific research and that no personnel involved may identify, directly or indirectly, any individual patient or subject in any report of such research or otherwise disclose patient or subject identities in any manner. **YES [ ]  NO [ ]** 1. Describe why the research could not practicably be conducted without access to and use of the protected health information.

1. Explain why the waiver will not adversely affect the rights and welfare of the individuals.

1. Describe the plan to protect the identifiers from improper use or disclosure.

1. Describe the plan to destroy the identifiers at the earliest opportunity. If there is a health, research, or other justification for retaining the identifiers, please provide such justification below.

**NOTE**: Current VA regulations require that ALL identifiable data collected and used for research be maintained as defined in the VHA Records Control Schedule. Therefore no data should be destroyed until confirmed in compliance with these regulations. Please contact the IRB Office if you have any questions. |

**III. Investigator Certification**

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| ***The Principal Investigator must sign and date the form.*** |
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