VAPORHCS Research Administration Office

**HIPAA: RESEARCH on DECEDENTS’ INFORMATION APPLICATION**

*VHA must protect the individually-identifiable health information about a deceased individual to the same extent as required for the individually-identifiable health information of living individuals, for as long as VHA maintains the records. However, unlike the HIPAA Privacy Rule and 38 U.S.C. 5701 and 7332, the Privacy Act does not apply to records of deceased individuals.*

*VHA must comply with guidelines regarding appropriate uses and disclosures of a deceased individual’s protected health information under the HIPAA Privacy Rule for a period of 50 years following the death of the individual.*

***NOTE: See Records Control Schedule (RCS) 10-1 for retention requirements of VHA records located at:*** <https://www.va.gov/vhapublications/rcs10/rcs10-1.pdf>



**VAPORHCS Principal Investigator (PI):**       **Date:**

**Study/Project ID#:**      

**Study/Project Title**:



**1.** **Topic of research:**

**2.** **List with specificity any identifiers information to be used and their sources:**

***NOTE:*** *Protected Health Information (PHI) = health information + identifiers*

|  |  |  |
| --- | --- | --- |
|  | **Identifier** | **Source(s) of Information** |
|  | Names |  |
|  | All geographical subdivisions smaller than a State (including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of the zip code if according to the current publicly available data from the Bureau of the census: a) the geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and b) the initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000.) | ***(specify both type of subdivision and source)*** |
|  | All elements of dates (except year) for dates directly related to an individual (including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older.) | **(*specify both type of date and source)*** |
|  | 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 |  |
|  | Any other unique identifying number, characteristic, or code |  |



**3.** **Indicate all sources of data elements/health information for decedent research subjects:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Data containing no health information |  | VISTA Computer Hospital/medical records (in and out patient) |
|  | Physician/clinic records |  | Mental Health records |
|  | Lab, pathology and/or radiology results |  | Data previously collected for research purposes |
|  | Biological specimen(s) obtained from the subject(s). |  | Billing records |
|  | Interviews/Questionnaires |  | Data Repository |
|  | Corporate Data Warehouse/VINCI |  | Other (specify here): |

|  |
| --- |
| **4. List specific decedent data elements being requested from the sources indicated in Q.2 above (e.g. health information, related biospecimens, diagnoses, drugs/medications, procedures etc.)** |
| **5. Time period of records: From       to** |
| 1. **Will this research use information and/or biospecimens about drug abuse, alcohol abuse, HIV infection and/or sickle cell anemia?**  YES  NO *If* ***NO****, skip to Q.7.*   If **YES**, will the information and/or biospecimens include identifiers?  YES  NO  If **YES,** do you assure that the purpose of the information and/or biospecimens is to conduct scientific research and that personnel involved in the study will not identify, directly or indirectly, any individual subject in any report of the research, or otherwise disclose subject identities to anyone outside the approved VA personnel (***for this study***) in any manner?  YES  NO |
| 1. **Will de-identified (i.e. not linkable by the recipient) information and/or biospecimens be disclosed outside of the approved VA personnel for this study?**  YES  NO   ***NOTE:*** *A Data Use Agreement will be needed for this disclosure.* |
| **8.** **Will identifiable information and/or biospecimens be disclosed outside of the IRB-approved VA personnel for this study.** YES  NO  ***NOTE:*****If YES,** *A Data Use Agreement will be needed for this disclosure.* |

##### **INVESTIGATOR'S ASSURANCES**

**As the principal investigator for this decedent research, I certify the following:**

* + 1. I verify that the Protected Health Information requested will be used solely for research on decedents;
    2. I verify that the requested information will be protected from improper use and disclosure. I will not re-use or disclose protected health information to any other person or entity, except as required by law, authorized by research oversight, or as otherwise permitted under applicable regulations and approved by the facility Privacy Officer.
    3. The PHI of decedents for which I seek use or access is the minimum necessary for the research purposes.
    4. I certify that I will make every effort possible to protect the PHI accessed, used and disclosed in this research project.
    5. I will maintain all decedent research related data, including identifiers according to the VA VHA records control schedule (RCS) 10-1 located at: <https://www.va.gov/vhapublications/rcs10/rcs10-1.pdf>
    6. I will obtain and keep in my files documentation of the death of each individual whose PHI I access and/or disclose (e.g., death certificate or autopsy report). At the request of the Veterans Health Administration, I will provide documentation of the death of such individuals.

**PRINCIPAL INVESTIGATOR Date**

**Keep a copy of this signed form for your records.**