# Application for HIPAA De-identification Certification

## When to Use This Form

This form should be used when a researcher requests de-identified data for use in research, or when a researcher who is an NYU employee wishes to create a de-identified data set to be used or disclosed for a research project.

## Submission Instructions

Our website provides full instructions on submitting applications to the IRB: <http://irb.med.nyu.edu/esubmission> Please contact the IRB office at 212 263-4110 with any questions.

## Administrative Information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Study# | |  | Date of this request |  | | |
| Study Title | |  | | | | |
| Department | |  | Division |  | | |
| Role\* | Name | | Email | | Phone | Fax |
| Principal Investigator |  | |  | |  |  |
| Contact Person |  | |  | |  |  |

## Protected Health Information

Research which involves the use of “de-identified” Protected Health Information (PHI) is exempt from HIPAA requirements. To qualify for exemption, the following identifiers must be stripped from the record.

Check every box, confirming that these identifiers **will not** be used or included in any form in your study:

Names (individual, employer, relatives, etc.)

Address (street, city, county, precinct, zip code (initial 3 digits if geographic unit contains less than 20,000 people, or any other geographical codes)

Telephone and fax numbers

Social security numbers

Dates (except for years)

Birth date

Admission date

Discharge date

Date of death

Ages >89 and all elements of dates indicative of such age (except that such age and elements may be aggregated into a category “Age >90”)

E-mail addresses

Health plan beneficiary numbers

Account numbers

Certificate/license numbers

Vehicle identifiers and serial numbers (e.g., VINs, license plate numbers)

Device identifiers and serial numbers

Web universal resource locators (URLs)

Internet protocol (IP) address numbers

Biometric identifiers (e.g. finger prints, voice prints, full face photographic images or other comparable images)

Any other unique identifying number, characteristic, or code

## PI’s Signature

|  |  |
| --- | --- |
| Date |  |
| Print Name |  |
| Signature | I certify that the Protected Health Information (PHI) that will be received or reviewed by research personnel for the research project referenced above will not include any of the 18 identifiers listed above. I also certify that I do not have knowledge that any of the remaining information could be used, alone or in combination with other information, to identify an individual who is the subject of the information. |

## IRB Chair’s Signature

|  |  |
| --- | --- |
| Date |  |
| IRB Board |  |
| Print Name |  |
| Signature | The Office of the Institutional Review Board (NYU IRB) has determined that this request for access to protected health information (PHI) satisfies the requirements of the HIPAA Privacy Rule. |