Thomas Jefferson University Institutional Review Board

**HIPAA De-Identification Certification Form**

Do not complete if authorization will be obtained or waiver of authorization is requested

# PI Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department/Division**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Study Title**:

Research which involves the use of “de-identified” protected health information (PHI)\* is exempt from HIPAA requirements. To be exempt from HIPAA, none of the following subject identifiers can be reviewed or recorded by study personnel.

* Names (individual, employer, relatives, etc.)
* Address (street, city, county, zip code – initial 3 digits if geographic unit contains less than 20K people or any other geographical codes)
* Telephone Number
* Fax Numbers
* Social Security Numbers
* All Dates (except for years)

-Birth Date

-Admission Date

-Surgery 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
* Web URLs
* Internet Protocol/ IP address
* Medical Record Numbers
* 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
* Biometric Identifiers including fingerprints, voiceprints, retinal scans, and other unique biological characteristics
* Full face photographic images and any comparable images not limited to the full face
* Any other unique identifying number, characteristic or code.

I certify the protected health information (PHI)\* received or reviewed by research personnel for the research project referenced above does not include any of the 18 identifiers listed above.

Principal Investigator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_