

RESEARCH USING DECEDENT PROTECTED HEALTH INFORMATION

All of the privacy protections in the HIPAA Privacy regulations extend to deceased individuals (refer to [Privacy22](#) policy for more information). Please complete all sections of this form for research that will involve the use or disclosure of protected health information (PHI)¹ for deceased individuals exclusively.

Please email the completed form to DataGovernance@UVMHealth.org. The UVMHN Data Governance Team will follow-up as needed and/or advise when approval has been granted. If you have any questions or require assistance completing this form, email DataGovernance@UVMHealth.org or contact the UVMHN Compliance & Privacy Office at 802-847-2667 or Compliance@UVMHealth.org.

1 - STUDY INFORMATION & CONTACT INFORMATION

Study Title:

Principal
Investigator:

Department
& Employer:

Mailing
Address:

Telephone:

Email Address:

Provide the names of all research staff needing access to the PHI:

2 - USE OF PROTECTED HEALTH INFORMATION (PHI)¹

Please describe, with specificity, the research purposes for which you plan to use the decedents' PHI:

Is the use or disclosure of PHI solely for research on the PHI of decedents?

Yes No - Please explain:

If requested, can you provide documentation of the death of the individuals for which you are requesting access to PHI?

Yes No - Please explain:

Is the PHI for which use or access being sought necessary for the research purposes?

Yes No - Please explain:

¹ Protected health information (PHI) is any identifiable information related to the past, present or future physical or mental condition of a patient; the provision of healthcare to a patient; and/or the past, present or future payment for the provision of healthcare to a patient. Information can be identifiable even if it does not include a patient's name, even a date of service or date of birth (without any other information) is considered an identifier under HIPAA. Please see [UVMHN PRIV11.docx \(sharepoint.com\)](#) for a full list of the patient information HIPAA considers "identifiers."

Please describe, with specificity, all PHI that will be used or collected (e.g., name, address, SSN, MRN, date of birth, date of death, etc.). If applicable, please describe the PHI you plan to disclose and to whom the PHI will be disclosed. Note, if the PHI will be disclosed and specific criteria is met, the 'Accounting of Disclosures of Protected Health Information (PHI)' form may also be required to ensure compliance with HIPAA & UVMHN policy; accounting of disclosures criteria and guidance for submission are outlined within the form.

Discrete dates of required records: Start Date: Stop Date:

Describe why the research could not practicably be done without the PHI listed above:

Please describe the safeguards you have devised to prevent the use and disclosure of PHI beyond the scope of this research study:

Anticipated Sources of Information (check all that apply):

Paper Records/Charts

Electronic Medical Records

Other - Please specify to the right:

3 - PRINCIPAL INVESTIGATOR (PI) ATTESTATION

I hereby request access to decedent PHI for research purposes and attest to the following:

1. The use or disclosure of the PHI is solely for research on decedents.
2. If requested by UVMHN, I am willing to provide documentation to establish the death of such individuals.
3. The requested PHI is necessary to conduct the research.
4. The PHI will not be further used or disclosed unless appropriate authorizations have been obtained.

PI Signature:

Insert signature above

Date:

PI Printed Name:

Please email the completed form to DataGovernance@UVMHealth.org. The Data Governance Team will follow-up as needed and/or advise when approval has been granted.

FOR AUTHORIZED USE ONLY

Authorized By:

Insert signature above

Date: