

## HIPAA DE-IDENTIFICATION CERTIFICATION FORM

Protocol# ..... Principal Investigator:

Phone: ..... Fax: ..... E-Mail:

Research that involves the use of “de-identified” Protected Health Information (PHI) is exempt from HIPAA requirements. This application should be used when a researcher requests de-identified data for use in research, or when a researcher who is a hospital employee wishes to **create** de-identified data to be used or disclosed for a research project.

**The following identifiers must be removed from the data set to create de-identified data:**

- 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 or voice prints)
- Full face photographic images) and any comparable images
- Any other unique identifying number, characteristic, or code

**Please indicate the source of the de-identified data:**

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**Please list below the information requested in the de-identified data set:**

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**Principal Investigator's Certification**

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.

\_\_\_\_\_  
Principal Investigator

\_\_\_\_\_  
Date

Approved by: IRB

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_