SECTION 1: Type and Source of Protected Health Information

1. Type of protected health information:
   - Name
   - Geographic information
   - Elements of date (including birth, death, admission, discharge)
   - Telephone and/or fax numbers
   - Email Address, url and/or IP address
   - Social Security Number
   - Medical Records Number
   - Account Numbers
   - Certificate or license numbers
   - Vehicle identification numbers
   - Device identifiers and/or serial numbers
   - Biometric identifiers
   - Full face photographic images and comparable images
   - Health plan beneficiary number
   - Other, specify

2. Name of entity providing PHI:

3. Describe how the PHI will be used and how access to PHI will further the research aims.

SECTION II: Consent/Authorization

Select options 1, 2, or 3 as appropriate.

1. □ Written consent/authorization will be obtained (please attach authorization document)

2. □ PHI will be accessed for activities preparatory to research. The following representations are true about my study:
   - A. The use or disclosure of the PHI being sought is solely for the purposes of designing the study or for assessing the feasibility of conducting the study
   - B. The PHI will not be removed from the covered entity

   Describe how the PHI will be used in preparation for research
3. I am requesting a waiver of authorization for access to medical records. Waivers of consent and authorization are governed by HIPAA, the “Common Rule” (45 CFR 46) and the Washington State Health Care Information Act (RCW 60.02). Respond to each of the following and explain how your study is designed to address each of these concerns.

A. The access of PHI without authorization/consent present no more than minimal risk to the subjects and their privacy because
B. The waiver will not adversely affect the rights and welfare of the subject because
C. The research could not practicably be conducted without the waiver because
D. Access and use of the PHI is necessary to conduct this research because
E. The risks to the subjects and their privacy are reasonable in relation to the anticipated benefits of this research because
F. I have taken the following steps to protect the privacy and confidentiality of the data and to protect identifiers from improper use or disclosure
G. I plan to destroy identifiers at the earliest opportunity, no later than
H. I will not destroy the identifiers for the following scientific or health-related reasons

SECTION III: Data Security and Data Use

1. Describe data security measures in place to protect PHI. Include security related to electronic security (password protection, virus software, etc.), physical security measures (locks, surveillance etc.) and data handling techniques (coded data, identifier destruction date, etc), as applicable.

2. Attach any data use agreements, or business associate agreements related to the access and use of the PHI described in this Human Subject Application and Appendices.

By signing this application, I am providing written assurance that the information is essential to the research and access to the information will be limited to the greatest extent possible, allowable under the Privacy Regulations.

_________________________________________  ____________________________
Investigator’s Signature    Date