University of Colorado Colorado Springs

ACTIVITIES PREPARATORY TO RESEARCH
REQUEST FOR WAIVER OF AUTHORIZATION

Date of Request:	Principal Investigator ("PI"):
Title of Research Project:	
Mailing Address:	
PI's email:	PI's Phone Number:

Instructions: In order for the Privacy Board to approve a request for activities preparatory to research and waive any of the required elements of the Health Insurance Portability and Accountability Act ("HIPAA") please provide the following information.

1. Provide a brief description of the research project.

2. Please clearly list the minimal amount of Protected Health Information ("PHI") necessary to conduct your research project.

I acknowledge that the HIPAA Privacy Rule imposes the following restrictions [45 CFR 164.512(i)(1)(ii)] on the use of PHI in activities preparatory to research, defined as:

- ☐ The development of research questions;
- ☐ The development of eligibility (inclusion and exclusion) criteria; and
- ☐ The determination of study feasibility and design (in terms of the available number and eligibility of potential study participants).

I therefore agree that:

- ☐ I will engage in preparatory to research activities only when necessary.
- ☐ I will review only the PHI that is necessary to prepare a research protocol for grant preparation or IRB review or for those preparatory to research activities listed above.
- ☐ I will not remove any PHI, abstracted in the course of my review of PHI, from the Covered Entity or Covered Component. Furthermore, I will not disclose the abstracted PHI under any circumstances to anyone outside of the Covered Entity or Covered Component.

I will apply the above conditions to PHI maintained by the UCCS Covered Entity or Covered Component.

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Principal Investigator Signature Date