



**Principal Investigator Certification
When Obtaining Authorization**

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

Instructions: The HIPAA Privacy Rule, Health Information Privacy Regulation requires that any signed Authorization be documented and retained for at least 6 years after the research is complete or after the funding has expired, or as required by the sponsor whichever is longer. In order to document compliance with the requirements for approval of the UCCS Privacy Board authorizing the use or disclosure of PHI in a research project based on a signed Research Authorization, the PI must certify to the UCCS Privacy Board that he/she has met the below requirements.

- I will obtain a signed and dated Authorization, as approved by the UCCS Privacy Board, from each research participant before accessing, obtaining and/or using PHI from UCCS pertinent to any individual research participant in the above-referenced research project.
- I will provide every individual research participant with a copy of their signed and dated Authorization.
- I will maintain, electronically or in hard copy, a signed and dated Authorization from each research participant whose PHI is used or disclosed in the research project for a period of 6 years from the date the Authorization expires.
- I will provide any and/or all signed Authorizations to the UCCS Privacy Board immediately upon request.
- I will immediately notify the UCCS Privacy Board when a research participant revokes his/her signed Authorization, and I will no longer seek to obtain PHI pertaining to that individual for the research project indicated on this form or for any other purpose, absent a separate Authorization or appropriate waiver.
- I will provide the UCCS Privacy Board with written notification if any of the responses to the above questions change.
- I understand that the UCCS Privacy Board is NOT an Institutional Review Board and is not authorized to review and/or approve human subject's research regulated under the Common Rule.
- I understand that the above representations are binding upon and will inure to the benefit and obligation of the PI of the research project indicated on this form and his/her respective successors and/or assigns.
- I understand that this Principal Investigator Certification is binding upon and will inure to the benefit and obligation of the Principal Investigator of the research project indicated on this form and his/her respective successors and/or assigns.

As PI of the research project I hereby certify that I understand and will abide by the above.

Principal Investigator Signature

Date