

RESEARCH ON PROTECTED HEALTH INFORMATION OF DECEDENTS ATTESTATION

This form must be submitted to Health Information Management (HIM) when accessing Protected Health Information (PHI) for purposes of research when the research is **solely** on the PHI of decedents without a waiver from the IRB. If you have questions about this form and/or the research privacy policies at Allina Health, please contact the Director of Research Compliance at researchcompliance@allina.com. Send the completed form to **Attn: Document Management, Mail Route 20300, 2828 10th Avenue So., Minneapolis, MN 55407.**

If you cannot make the representations listed below, you need to seek a waiver from the IRB. To contact the IRB, please email IRB@allina.com.

PI INFORMATION

Principal Investigator Name

Phone #

Street Address

City/State/Zip

Email Address

Name of Study/Project (use same name as provided in IRBNet if possible): _____

IRBNet# (if applicable): _____

The researcher represents that:

- Use or disclosure sought is solely for research on the protected health information of decedents.
- At the request of Allina Health, researcher will provide documentation of the death of the individuals about whom information is being sought.
- The protected health information for which use or disclosure is sought is necessary for research purposes.
- Researcher will safeguard data to protect it from unauthorized disclosure.
- The protected health information will not be re-used or disclosed to any other person or entity, except as required by law, for the authorized oversight of the research study, or for other research for which the use or disclosure of protected health information would be permitted by the Privacy Regulation (45 CFR 164.512)

Signature of Researcher (Principal Investigator)

Date

Send the completed form to:

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