



RESEARCH ON PROTECTED HEALTH INFORMATION OF DECEDENTS ATTESTATION

This form must be submitted to the IRB Office 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 IRB Office at irb@allina.com. Send the completed form to irb@allina.com.

If you cannot make the representations listed below, you need to seek a waiver from the IRB. To contact the IRB Office, 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, the 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)
- If disclosed to an External Researcher, the decedent's MRA status will be verified and only those with an MRA-yes can be disclosed.

X

Signature of Researcher (Principal Investigator) & Date