RESEARCH CERTIFICATION OF DE-IDENTIFICATION

Research that involves the use of de-identified Protected Heath Information (PHI) is exempt from some HIPAA requirements. Methods by which data may be classified as de-identified are 1) by certifying that none of the HIPAA-defined identifiers listed below are used, reviewed or recorded by the researchers or staff 2) by certifying that as a member of our covered entity the individual using PHI to create a de-identified data set a) keeps all information seen in the process of creating the de-identified data strictly confidential, b) does not record any of the identifiers defined by HIPAA, and c) cannot link the data back to the individual in any way or 3) by certifying through statistical analysis on each identifier that is contained within the data that the likelihood of an individual being identified by using the data in whole or in part is very small. Statistical de-identification must be done be a qualified statistician and the methods and results of the analysis must be documented.

General Information:

Protocol Title:

PI Name:

HIPAA-Defined Identifiers:

This list is provided for your reference.

Names	Address ²	Social security numbers
Date of birth ¹	Telephone numbers	Medical record numbers
Admission date	Fax numbers	Health plan beneficiary numbers
Discharge date	Electronic mail addresses	Account numbers
Date of death	Biometric Identifiers	Certificate/License numbers
Full-face photographic images and any	Device identifiers and serial numbers	Vehicle identifiers and serial numbers,
comparable images		including license plate numbers
IP (Internet Protocol) Address Numbers	URLs (Universal Resource Locators)	

¹Any ages over 89 must only be reported in an aggregate category of age 90 or older

 2 Geographic subdivisions smaller than a state - except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of the Census

**Any other unique identifying number, characteristic, or code excepted as permitted

Certification:

Initial next to the method used to de-identify the data set.

Method 1 – No Identifiers Used, Reviewed or Recorded (45 CFR 164.514(b)(2))

I certify that the HIPAA-defined identifiers related to the individual, relatives, employers and/or household members of the individual will be removed from the data before it is used in any way for this research. (*The identifiers are not needed to conduct the research*).

Method 2 – No Identifiers Recorded During the Creation of a De-identified Data Set (45 CFR 164.502(d)(1))

I certify that the Protected Health Information (PHI) recorded by research personnel to create a de-identified data set for this research project will not include any of the HIPAA-defined identifiers and that no link will be able to be made back to the individual. Personnel reviewing records have agreed to keep any PHI seen during the course of records review as strictly confidential. (*The identifiers are needed to conduct the research, but are removed for any "created" materials – charts, papers, presentations, etc.*)

Method 3 – De-identification Via Statistical Analysis (45 CFR 164.514(b)(1)(i and ii))

(i) A person with appropriate knowledge of and experience with generally accepted statistical and scientific principles and methods for rendering information not individually identifiable has performed such analysis on each of the identifiers included in the data set **as checked above**. It has been determined that the risk is very small that the information could be used, alone or in combination with other reasonably available information, by the intended recipient to identify an individual who is the subject of the information.

(ii) **I have attached** documentation from the statistician that indicates 1) the date of the analysis, 2) the method(s) used, 3) the results obtained, 4) a statement that the likelihood of re-identification is very small, 5) the name of the statistician, 6) the credentials of the statistician 7) the signature of the statistician, and 8) the date signed

(Signature of Student/Resident)

(Date)

(Signature of Principal Investigator and/or GME Program Director)

(Date)