

**BROOKE ARMY MEDICAL CENTER/WILFORD HALL MEDICAL CENTER**  
**Application for Waiver of Authorization**  
**(AWA Template Version 1, Apr 03)**

**(TITLE OF PROTOCOL)** \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

**Protected Health Information Definition:**

“Any identifiable information (including demographic information) collected from an individual, that is created or received by a health care provider, health plan, employer or health care clearing house, and relates to (a) the past, present, or future physical or mental health or condition of an individual; (b) the provision of health care to the individual and identifies the individual or there is a reasonable basis to believe can be used to identify the individual.”

**Identifiers:**

<ul style="list-style-type: none"><li>• <i>Names</i></li><li>• <i>Address</i></li><li>• <i>Dates except year</i></li><li>• <i>Ages over 89 (can be grouped as age 90 or older)</i></li><li>• <i>Phone numbers</i></li><li>• <i>Fax numbers</i></li><li>• <i>E-mail addresses</i></li><li>• <i>Social security numbers</i></li><li>• <i>Medical record numbers</i></li><li>• <i>Account numbers</i></li><li>• <i>Certificate/license numbers</i></li></ul>	<ul style="list-style-type: none"><li>• <i>Health plan beneficiary numbers</i></li><li>• <i>Vehicle identifiers and serial numbers, or license plate numbers</i></li><li>• <i>Device identifiers and serial numbers</i></li><li>• <i>Web Universal Resource Locators (URLs)</i></li><li>• <i>Internet Protocol (IP) address numbers</i></li><li>• <i>Biometric Identifiers, including finger and voice prints</i></li><li>• <i>Full face photographic images and any comparable images</i></li><li>• <i>Any other unique identifying number, characteristic, or code</i></li></ul>
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1. The use or disclosure of Protected Health Information (PHI) involves no more than a minimal risk to the privacy of individuals. Explain why? Include a detailed list of the PHI to be collected (see definition above) and a list of the source(s) of the PHI.
  
  
  
  
  
  
  
  
  
  
2. Describe the plan to protect identifiers (see list above) and indicate where PHI will be stored and who will have access.

3. All identifiers collected during the study will be destroyed at the earliest opportunity consistent with the conduct of research, which is: (explain below).

Please describe the procedure used to destroy all the data collected during the study (electronically, paper, audio/video, photography, other).

OR

Alternatively, the identifiers collected during the study will **not** be destroyed because: (explain below)

4. The research could not practicably be conducted without the waiver because: (explain below).
5. The research could not practicably be conducted without access to and use of the PHI because: (explain below)
6. The HIPAA regulation requires reasonable efforts to limit protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure or request. Explain why PHI obtained for this study is/are the minimum information needed to meet the research objectives.

The information listed in the waiver application is accurate and all research staff (ALL study personnel including PI that are involved in the research) will comply with the HIPAA regulations and the waiver criteria. All research staff will complete HIPAA Research Training. I assure that the information I obtain as part of this research (including protected health information) will not be reused or disclosed to any other person or entity except as permitted by law. If at any time, I want to reuse this information for other purposes or disclose the information to other individuals or entity I will seek approval by the Privacy Board.

\_\_\_\_\_  
Principal Investigator's Typed Name

\_\_\_\_\_  
PI Signature

\_\_\_\_\_  
Date

Approved:

Disapproved:

Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
MICHAEL J. MORRIS

\_\_\_\_\_  
Date

LTC, MC

Chair, BAMC Privacy Board