

# PHI De-Identification Certification Form

**DO NOT COMPLETE THIS FORM IF A HIPAA AUTHORIZATION WILL BE OBTAINED OR A WAIVER OF HIPAA AUTHORIZATION IS REQUESTED**

PI Name	
Title of Study	

Research which involves the use of “de-identified” Protected Health Information (PHI) is exempt from HIPAA requirements. To be exempt from HIPAA, none of the following subject identifiers can be reviewed or recorded by the research team. Please answer **YES** if the subject identifier will be reviewed or recorded or **NO** if the subject identifier will not be reviewed or recorded. *If you mark YES to any of the following, your project data is not considered de-identified.*

	YES	NO
Name or initials (of patients, providers, relatives, caregivers, legal representatives)	<input type="checkbox"/>	<input type="checkbox"/>
All geographic subdivisions smaller than a state (street address, city, county, precinct) Note: zip code or equivalents must be removed, but can retain first 3 digits if the geographic unit to which the zip code applies contains more than 20,000 people	<input type="checkbox"/>	<input type="checkbox"/>
ANY elements of dates (except year) directly related to an individual (date of birth, admission date, discharge date, date of death, date of sample) and all ages over 89 and all elements of dates (including year indicative of such age, except such ages and elements may be aggregated into a single “age 90 or over” category.	<input type="checkbox"/>	<input type="checkbox"/>
Telephone number	<input type="checkbox"/>	<input type="checkbox"/>
Fax number	<input type="checkbox"/>	<input type="checkbox"/>
Email address	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Number (including scrambled SSNs or last-4)	<input type="checkbox"/>	<input type="checkbox"/>
Medical Record Number	<input type="checkbox"/>	<input type="checkbox"/>
Health Plan Number	<input type="checkbox"/>	<input type="checkbox"/>
Account Numbers	<input type="checkbox"/>	<input type="checkbox"/>
Certificate or license numbers	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle identification/serial numbers including license plate numbers	<input type="checkbox"/>	<input type="checkbox"/>
Device identification/serial numbers	<input type="checkbox"/>	<input type="checkbox"/>
Universal Resource Locators (URLs)	<input type="checkbox"/>	<input type="checkbox"/>
Internet Protocol addresses (IPs)	<input type="checkbox"/>	<input type="checkbox"/>
Biometric Identifiers (including finger and voice prints)	<input type="checkbox"/>	<input type="checkbox"/>
Full face photographs and comparable images	<input type="checkbox"/>	<input type="checkbox"/>
Any other unique identifying number, characteristic or code	<input type="checkbox"/>	<input type="checkbox"/>

I certify the health information received or reviewed by research personnel for the research project referenced above does not include any of the 18 identifiers listed above.

Principal Investigator’s signature	Date
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