# Blessing-Rieman College of Nursing and Health Sciences

# Institutional Review Board (IRB)

## Access to Protected Information Form

Blessing-Rieman College of Nursing IRB #1

3609 N. Marx Drive

Quincy, IL 62305

### Instructions

1. The form must be typed. Hand written forms are not accepted.
2. Fill out all items on this form. Incomplete or incorrectly completed applications will be returned to the principal investigator.
3. Submit this application as a **WORD** document; do not convert to a different file format.
4. Submit completed form and all supporting documents to irb@brcn.edu

Type in the gray fields below or next to the item and mark an X in the gray boxes. Remember to click “Save” to save your work. You will lose all information if you do not save before closing this form.

## Section A. General Information

| Research Study/Project |
| --- |
| Title |
|  |
| Anticipated Start Date: |  |
| Anticipated End Date: |  |

| Principal Investigator (PI) |
| --- |
| Name |
|  |
| Address |
|  |
| City, State, Zip Code |
|  |
| Phone Number |
|  |
| Email Address |
|  |

| Nature of the Research Study/Project |
| --- |
| The study involves: |
|  | Obtaining anonymous data /de-identified data /no identifiers for analysis of data only. |
|  | No retention of PHI. |
|  | PHI will be retained indefinitely. |
|  | If retaining PHI indefinitely, state rationale:  |
|  |  |

| Type of Authorization Requested |
| --- |
| Select the type of authorizations or uses of protected health information (PHI); |
|  | Obtaining participants’ authorization (informed consent) to access PHI and other medical/health data. *(remember to attach authorization form to the end of the application)* |
|  | Requesting waiver or alteration of HIPAA authorization requirement. |
|  | Requesting partial waiver for subject identification or recruitment. |
| If requesting a waiver or partial waiver of HIPAA authorization requirement, explain why obtaining written authorization from participants is impracticable. |
|  |

## Section B. Identifiers and Sources

|  |
| --- |
| PHI Recorded in the Research Study/Project |
| Check the **PHI** that will be ***accessed*** for this study/project. |
|  | Names. |
|  | All geographical subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code, if according to the current publicly available data from the Bureau of the Census: (1) The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and (2) The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000. |
|  | All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older. |
|  | Phone numbers. |
|  | Fax numbers. |
|  | Electronic mail addresses. |
|  | Social Security numbers. |
|  | Medical record numbers. |
|  | Health plan beneficiary numbers. |
|  | Account numbers. |
|  | Certificate/license numbers. |
|  | Vehicle identifiers and serial numbers, including license plate numbers. |
|  | Device identifiers and serial numbers. |
|  | Web Universal Resource Locators (URLs). |
|  | Internet Protocol (IP) address numbers. |
|  | Biometric identifiers, including finger and voice prints. |
|  | Full face photographic images and any comparable images. |
|  | Any other unique identifying number, characteristic, or code (note this does not mean the unique code assigned by the investigator to code the data). Describe below: |
|  |  |

| Source of PHI |
| --- |
| List the entities providing the PHI: |
|  |

## Section C. Protocol for Using PHI

| Justification for Using PHI |
| --- |
| Describe why the research/project could not be conducted without access to and use of the PHI.  |
|  |
| Explain how the above PHI described above represents the minimum necessary information to accomplish the objectives of the research. |
|  |
| Describe the health/medical information that will be recorded along with PHI.(*remember to* *provide a copy of the data collection form(s) that will be used to collect PHI and other medical/health data)* |
|  |
| Describe your plan to protect identifiers (or links to identifiable data) associated with the PHI from improper use and disclosure, including where PHI will be stored, what security measures will be applied, and who will have access to the information. Describe the safeguards for electronic and/or hard copy records. |
|  |
| Describe the destruction plan for PHI, including how, when, where, and by whom.  |
|  |

September 2019