**MONTANA STATE UNIVERSITY**

**Institutional Review Board**

**Statement on HIPAA Protected Health Information Use**

*All applicants to the MSU IRB who will be working with health or mental health information are required to complete the certification below.*

Project Title: .

Principal Investigator: Dept: Phone: E-mail: .

\*Student Researcher: Status: Phone: E-mail: .

\*For student-initiated research only

*The Health Insurance Portability and Accountability Act (HIPAA) provides for the maintenance of confidentiality of Protected Health Information (PHI), for both the living and deceased, that is obtained from or through covered entities (hospitals, insurance companies, clinics, mental health providers, or other health care providers, et. al)., involved in any electronic transmissions related to their roles or services.*

**Definition of Protected Health Information (PHI):**

* Information that is a subset of health information, including demographic information, collected from an individual, relates to the past, present or future physical or mental health or condition of an individual;

***AND***

* Either (i) identifies the individual (see PHI identifiers to the left); or (ii) where there is a reasonable basis to believe the information can be used to identify the individual.

***AND***

* Used within or disclosed from a covered entity.

There are three categories of covered entities: (1) health plans; (2) health care providers that conduct certain financial and administrative transactions electronically (i.e., billing, funds transfer); and (3) health care clearinghouses, which process or facilitate the processing of health information in non-standard format to standard format or vice versa. **Most health care and mental health care providers are covered entities under HIPAA.**

**PHI Identifiers:**

1. **Names** (individual, employer, relatives, etc.)
2. **Address** (street, city, county, precinct, zip code – initial 3 digits if geographic unit contains >20,000 people, or any other geographical codes)
3. **Telephone number**
4. **Fax number**
5. **Social Security numbers**
6. **Medical record numbers**
7. **Dates** (except for years) connected to subjects, including date(s) of birth, admission, discharge, death, ages >89, and all elements of dates indicative of such age (except that such age and elements may be aggregated as “Age

<90”)

1. **E-mail addresses**
2. **Health Plan Beneficiary numbers**
3. **Account numbers**
4. **Certificate/license numbers**
5. **Vehicle Identifiers** and **Serial numbers** (e.g., VINs, License Plate #, etc.)
6. **Device Identifiers** and **Serial Numbers**
7. **Universal Resource Locator** (URLs)
8. **Internet Protocol (IP) address numbers**
9. **Biometric Identifiers** (e.g. finger or voice prints)
10. **Full face photographic images** (and any comparable images)
11. Any other unique identifying number, characteristic, or code

***I hereby attest to the following***:

**🞎 This project does not involve PHI**. Should any change in the project occur so that PHI may become part of the data for the research, I will immediately inform the MSU and provider’s Privacy Board/IRB, and I will follow their guidance in plans for changes to the protocols and will not carry out any portion of the project involving PHI without formal approval from the MSU and provider’s Privacy Board/IRB.

**🞎 This project involves PHI** that is derived from an organization or institution that is not part of Montana State University. I certify that such information will be used for research purposes only. The source of this information is

**Institution**:

**Contact Person**:

**E-mail**:

The specific categories of information I will obtain are:

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**🞎 Yes 🞎 No** PHI is involved in this project and waiver/alteration of authorization from the covered entity is attached.

**🞎 Yes 🞎 No** PHI is involved in this project but the covered entity does not have a Privacy Board **or** the research will be completed without a waiver of authorization. If yes, please indicate the following so that an IRB administrator can contact you for further information:

**🞎** Written HIPAA authorization will be obtained from individual subjects.

**🞎** PHI will be fully de-identified (that is, it includes no HIPAA identifiers as previously listed).

**🞎** PHI will be in the form of a limited data set (include no HIPAA identifiers except dates such a birth date, admission and/or discharge date, treatment dates or geographic location excluding street address).

**🞎** PHI will be preparatory to research only (data that will be reviewed only to establish that sufficient or appropriate data will be available for the proposed work).

**🞎** PHI will include information on decedents only.

**🞎** Other

**Signatures**

Student Researcher: Principal Investigator: .

MSU Institutional Review Board • P.O. Box 173085, Bozeman, MT 59717 • T: 406-994-4706