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| **For Requesting a Waiver or Alteration of HIPAA Authorization** |
| **All forms must be typewritten and submitted via email to irb@illinois.edu.** |

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| **When to use this form:** Complete this waiver or alteration request if HIPAA authorization will not be obtained from the research subjects or will be altered in some way. |

**Section 1. PROTOCOL INFORMATION**

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| **1A. Principal Investigator:** |
| **1B. Protocol Number:** |
| **1C. Project Title:** |

**Section 2. REQUEST TYPE**

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| **I am requesting a:**  Complete Waiver of Authorization  Alteration of the Authorization  If “Alteration of Authorization was selected, include proposed altered authorization form. |

Section 3. DATA COLLECTED

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| List the PHI to be collected and a list of the source(s) of the PHI. |

Section 4. PRIVACY

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| 4A. Does the use or disclosure of PHI involve no more than a minimal risk to the privacy of individuals?  Yes  No  Explain: |
| 4B. Where will PHI and identifiers be stored? |
| 4C. Who will have access to PHI and identifiers? |
| 4D. Describe how identifiers and PHI will be protected: |
| 4E. Identifiers will be destroyed at the earliest opportunity.  Yes  No  If no, explain why not: |
| 4F. Describe when and how all identifiers will be destroyed: |

Section 5. RESEARCH PRACTABILITY

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| 5A. The research could not practicably be conducted without the alteration or waiver.  Yes  No  Explain: |
| 5B. The research could not practicably be conducted without access to and use of the PHI.  Yes  No  Explain: |