University of Colorado
Colorado Springs

**Required Representations for**
**Research on Decedent's Information**

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|---|---|
| Date of Request: | Principal Investigator ("PI"): |
| Title of Research Project: | |
| Mailing Address: | |
| PI's email: | PI's Phone Number: |

**Instructions:** In order for the Privacy Board to approve a request for activities preparatory to research and waive any of the required elements of the Health Insurance Portability and Accountability Act ("HIPAA") please provide the following information.

1. Provide a brief description of the research project.

2. Please clearly list the minimal amount of Protected Health Information ("PHI") necessary to conduct your research project.

As PI of the research project indicated on this form, I make the following assurances to the UCCS Privacy Board:

☐ The use or disclosure sought is solely for research on the PHI of decedents.

☐ Documentation of death of each of the individuals whose information will be used for this project can and will be provided to the UCCS Privacy Board immediately upon request.

☐ The PHI for which use or disclosure is sought is necessary for research purposes.

☐ I will provide the UCCS Privacy Board with written notification if any of the responses to the above questions change.

☐ I understand that the UCCS Privacy Board is NOT an Institutional Review Board and is not authorized to review and/or approve human subject's research regulated under the Common Rule.

☐ I understand that the above representations are binding upon and will inure to the benefit and obligation of the PI of the research project indicated on this form and his/her respective successors and/or assigns.

I will apply the above conditions to PHI maintained by the UCCS Covered Entity or Covered Component.

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Principal Investigator Signature Date