

# Children's Hospital, Boston (Draft Edition)

## *The Researcher's Guide to HIPAA*

### *Everything You Always Wanted to Know About HIPAA But Were Afraid to Ask*

1. What is HIPAA ?
2. What is the Privacy Rule?
3. What does the Privacy Rule protect?
4. Why are researchers covered ?
5. When do I need to be in compliance?
6. What are the major implications for researchers?
7. What is protected health information
8. How will researchers be able to access protected health information under the Privacy Rule?
  - A. De-identified information
    - What is the definition of de-identified information and does the Privacy Rule apply if data is de-identified?
  - B. Limited data set information
    - The Privacy Rule also refers to a "limited data set", what is that and how can it be used?
    - Is coded information identifiable?
  - C. Authorizations
    - Will the Privacy Rule affect informed consent documents for clinical research involving intervention or interaction with subjects (clinical trials, survey studies)?

#### **D. Waivers of authorization**

- **Will the Privacy Rule change how I obtain approval for medical record and database reviews and whether informed consent/authorization requirements can be waived?**
- **What criteria will the IRB use to determine whether a waiver of authorization is permitted?**
- **Once I have a waiver of authorization can I access all of the subject's information ?**

#### **9. For ongoing research, how do I transition to the new Privacy Rules?**

- **What happens on April 13, 2003? Will I need to use new consents? For existing protocols that will enroll subjects on or after April 13, 2003, how do I obtain a consent/authorization form compliant with the Privacy Rule?**
- **If I am conducting a medical record/database review that received IRB approval and informed consent requirements were waived prior to April 14, 2003, do I need to do anything as of April 14, 2003?**

- 10. What are the implications of the Privacy Rule on recruitment practices?**
- 11. What do I need to know about a subject's revocation of authorization?**
- 12. When and how do I track disclosures of protected health information?**
- 13. What is a Business Associate Agreement and when do I need to have one?**
- 14. What do I need to do if I determine I need a business associate agreement or I am not sure whether one is required?**
- 15. Are there special considerations for Multi-Center research?**
- 16. Who should I contact for questions ?**

*Appendix 1: De-Identified Data Flowchart*

*Appendix 2: Limited Data Set Flowchart*

*Appendix 3: Identified Data with Authorization Flowchart*

*Appendix 4: Identified Data with Waiver of Authorization Flowchart*

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*Researcher's Guide to HIP AA*

## **1. What is HIPAA?**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is intended to improve the efficiency and effectiveness of the health care system.

HIP AA directly regulates three types of "covered entities":

- Health care providers (including organizations and individuals);
- Health plans (insurers and payors); and
- Health care clearinghouses (billing services).

Children's Hospital (including all Children's researchers, Foundation physicians and employees) is considered a health care provider. (Note: Moses Cone Health System includes both a provider and health plan. Most of MCHS Medical Staff are independent providers and are considered independent covered entities involved in an Organized Health Care Arrangement with MCHS).

HIPAA has three main parts. The first, the "Administrative Simplification" provisions, include national standards for transactions of electronic patient health, administrative and financial data between health care providers and health plans. The second and third parts concern security and privacy, and protect the confidentiality and integrity of health information. This Guide focuses on the Privacy Rule, which has special regulations affecting clinical research particularly.

## **2. What is the Privacy Rule?**

The current version of the HIPAA Privacy Rule became final on August 14, 2002.

The Privacy Rule includes standards to:

- Limit the use and disclosure of health information
- Restrict most use and disclosures of health information to the minimum necessary to carry out the intended purpose
- Give patients the right to:
  - Receive a Notice of Privacy Practices describing how Children's Hospital uses and discloses their health information; each patient must receive this document at least one time
  - Receive a listing of certain releases by Children's of their health information
  - Inspect, copy, and request amendments to their medical records
  - Request restrictions on uses and disclosures of their health information
  - Request alternate forms of communication ( e.g., use work address instead of home; no postcards, etc.)
  - File a formal complaint about violations of privacy protections with Children's Hospital, or with the Department of Health and Human Services
  - Revoke an authorization for use/ disclosure of identifiable health information to extent the researchers have not already "relied on it"

The Privacy Rule also:

- Establishes criminal and civil penalties for improper use of disclosure (\$25,000 for multiple violations in the same year, \$250,000 and/or up to 10 years imprisonment for knowingly misusing a person's protected health information)
- Establishes new requirements for access to health-related records by researchers and their use and further disclosure of information.

### **3. What does the Privacy Rule protect?**

The Rule protects information acquired by Children's (as broadly defined above), including demographic information, that could reasonably identify an individual and: .

- Relates to the past, present, or future physical or mental health, condition or treatment of an individual; OR
- .Describes the past, present, or future payment for the provision of healthcare to an individual

### **4. Why are researchers covered ?**

Researchers who provide health care to individuals (i.e. in a clinical trial) are directly covered as health care providers. Researchers who access existing protected health information (i.e., medical record, computer databases) must comply with the HIPAA Privacy Rule because Children's Hospital, as a "covered entity," must protect the privacy of individually identified health information used or released for research.

### **5. When do I need to be in compliance?**

The compliance date for the Privacy Rule is April 14, 2003

### **6. What are the major implications for researchers as a result of the Privacy Rule?**

The Privacy Rule is extremely complex and requires that Children's Hospital put into place new policies and procedures. Clinical research is one area that is uniquely impacted by the regulations.

From a clinical investigator perspective, the new regulations will affect how you access existing health information (medical/database record reviews) and how you handle identifiable information created as part of clinical research.

In practical terms the major changes are as follows:

- In addition to informed consent requirements, investigators will need to obtain an authorization, with more detailed information, in order to use and release identified protected health information for research. We plan to merge the two documents; but until protocols are due for a continuing review, two separate documents may be required.

- The criteria that the IRB will use to waive the authorization and informed consent for medical record /database reviews have become much more stringent. You will be asked to provide more detailed information on your protocol applications and medical records/database request forms.
- The hospital, and investigators, will need to track individually identified information that is released for research when waivers of authorization are granted. The purpose of this tracking is to provide patients, upon their request, with a list of how information about them was released for research and other non-treatment purposes without their knowledge.
- In some cases, before arrangements are made with other provider organizations and individual consultants to either use protected information or to generate, analyze or process such information on behalf of Children's or its researchers', a "business associate" agreement will need to be established. The business associate agreement is a form mandated by HHS, in which the other organization or consultant satisfactorily assures you and the hospital that they will protect the information. Before data is released, there will need to be some specific assurances of the methods the recipient will use to assure the privacy of the information is protected. This will be documented in a data use agreement or business associate agreement, depending on the situation.

There are many other changes that will be part of Children's Hospital's HIPAA compliance effort. This summary is intended to provide a synopsis of the major changes investigators and the **IRB** will need to implement.

## **7. What is protected health information?**

Protected health information is identifiable health information that Children's or the Foundations have acquired in the course of serving patients. Data elements that make health information identifiable include: name, address, employer, relatives' names, date of birth, date of death, date of service( s) telephone and fax numbers, e-mail addresses, social security number, member or account numbers, certificate or license numbers, voice recordings, fingerprints, photographs, or any other linked number, code or characteristic.

## **8. How are researchers able to access patient health information in compliance with the Privacy Rule?**

There are six methods that allow patient information to be released for use by researchers. They are as follows:

- A. All data is de-identified (according to the specific standards of the Privacy Rule).
- B. A limited data set is collected and released (according to the specific standards of The Privacy Rule ).
- C. A patient gives authorization for data to be used.
- D. The IRB grants a waiver of authorization.
- E. Data is collected for preparatory work for research purposes only.
- F. Special provisions are in place for research on a decedent's pm.

## Researcher's Guide to HIP AA

## **A. DE-IDENTIFIED INFORMATION**

**What is the definition of de-identified information and does the Privacy Rule apply if data is de-identified?**

The Privacy Rule does not apply to de-identified information, however, it is important to make sure that data meets the very stringent criteria for de-identification. The definition within the Privacy Rule goes well beyond definitions that we have used traditionally. There are two methods to de-identify data:

### ***Method 1***

**All** of the following 18 elements listed below relating to the individual, relatives or employer must be removed, and you must ascertain there is no other available information that could be used alone or in combination to identify an individual:

1. Names
2. Geographic subdivisions smaller than a state
3. All elements of dates (except year) for dates directly related to an individual- including dates of admission, discharge, birth, death and for persons > 89 , the year of the birth cannot be used.
4. Telephone numbers
5. Fax numbers
6. Electronic mail address
7. Social security number
8. Medical record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identification and serial numbers including license plates
13. Device identifiers and serial numbers
14. Web URLs
15. Internet protocol addresses
16. Biometric identifiers, including fingerprints and voice recordings
17. Full face photos and comparable images
18. Any unique identifying number, characteristic, code

### ***Method 2***

If one or more of the identifiers listed above is present, then the information cannot be considered "de-identified" unless a person with appropriate expertise (e.g. statisticians) has determined, justified, and documented that the risk is very small that the information could be used alone or in combination with any other reasonably available information by an anticipated recipient to identify the individual.

***Researcher's Guide to HIP AA***

## **B. LIMITED DATA SET INFORMATION**

**The Privacy Rule also refers to a "limited data set". What is that and how can it be used ?**

A limited data set is data that is fully de-identified, as specified above, except for retention of dates (e.g. date of birth, admission and discharge dates) and some geographic information (city, state, zip code, but not street address). HIPAA allows an investigator to use or disclose a "limited data set" provided:

- 1) The covered entity releases only the *minimum necessary* information to meet the recipient's well-defined needs.
- 2) The recipient must enter into a "data use agreement" with Children's in a form mandated by HIPAA. The data use agreement generally describes the permitted uses and disclosures of the information and prohibits re-identifying or using the information to contact individuals. A data use template agreement will be available for use in these situations. Any recipient who receives private health information under the limited data set provisions is required to sign a data use agreement. This includes recipients both internal and external to children's Hospital.

If these criteria are met, then a subject authorization or request for waiver of authorization does not apply.

**Is "coded" information identifiable?**

The Privacy Rule considers "coded" information to be de-identified if **ALL** 18 specific identifiers are coded or removed and the individual cannot reasonably be identified. The code cannot be derived from or related to information about the individual. The Privacy Rule does consider the code itself to be protected information, therefore the entity cannot disclose the code or any re-identification code for any other purpose without the prior approval of the IRB.

## **C. AUTHORIZATIONS**

Unless protected information has been fully de-identified, you will need an "**authorization**" or an IRB "**waiver of authorization**" to use and/or disclose protected information for research purposes.

**Will the Privacy Rule affect informed consent documents for clinical research involving intervention or interaction with subjects (clinical trials, survey studies)?**

Yes, the Privacy Rule specifies additional elements that must be included in getting permission from a subject to participate in clinical research. Current regulations already require that a consent document address how confidentiality will be protected. The Privacy Rule imposes more specific requirements for authorization to use identifiable health information. In addition to informed consent, investigators must now obtain specific written authorization for use and disclosure of a subject's protected information.

Authorization language is required if investigators plan to access existing health information as part of the research and/or for any use or disclosure of health information that is generated during the course of the research. The Privacy Rule does allow the authorization language to be incorporated into the **IRB** approved consent, so subjects will sign one form. Model authorization language is attached and it is suggested that investigators use this language in all new protocol applications.

#### **D. WAIVERS OF AUTHORIZATION**

##### **Will the Privacy Rule change how I obtain approval for medical record and database reviews and whether informed consent/authorization requirements can be waived?**

The review process to obtain approval for record and database access for research purposes will not change. All requests to review records and databases for research purposes must be submitted to the IRB for review. In general the IRB has been able to allow waivers of informed consent for most medical record/database reviews. Although the new Privacy Rule criteria for allowing waivers are slightly different, we anticipate that even under the Privacy Rule a waiver of authorization will be permitted along roughly the same lines as before, because Children's has always evaluated privacy impact in reviewing waiver applications. The medical record/ database request form has been extensively revised to ask for information to satisfy Privacy Rule requirements. The IRB will determine whether all of the criteria have been satisfied. It is important to complete all of the requested information on the form so the IRB has the information it requires. Incomplete information will have an impact on the ability to waive authorization requirements and add additional time.

##### **What criteria will the IRB use to determine whether a waiver of authorization is permitted?**

The criteria include the following:

1. The use or disclosure of the identifiable protected information involves no more than minimal risk to the privacy of the individual
2. The use or disclosure must include a plan to protect the information from improper use and/or disclosure
3. All uses and disclosures must be covered by a plan to destroy the identifiers at the earliest opportunity consistent with the conduct of research unless there is a health or research justification for retaining the identifiers, or such retention of identifiers is required by law

4. The researcher needs to assure in writing that the protected information will not be reused or disclosed to 3rd parties unless required by the law for authorized oversight of the research study
5. The research could not practicably be conducted without the waiver
6. The research could not be practicably conducted without access to and use of the health information

**Once I have a waiver of authorization can I access all of the subject's information?**

No, the Privacy Rule permits only the *minimum necessary* amount of information to be accessed under a waiver for research. You will need to identify and justify what identifiable information you will need and the waiver will be limited to those elements only.

**9. For ongoing research how do I transition to new Privacy Rule requirements ?**

**What happens on April 14, 2003? Will I need to use new consents?**

No subject may be enrolled in a study on or after April 14, 2003, unless she or he has previously signed a consent/authorization form that complies with the new Privacy Rule requirements. Subjects who were enrolled before April 14, 2003, do not need to sign a new consent form or authorization, even if the subject has follow-up visits after that date. If you enroll subjects after April 14, 2003, even under a previously approved protocol, the Privacy Rule requirements will need to be implemented (see next question).

**For existing protocols that will enroll a new subject on or after April 14, 2003, how do I obtain a consent/authorization form compliant with the Privacy Rule?**

At the time of continuing approval or three-year rewrites, your protocol's consent forms must be modified to address the Privacy Rule requirements when they are submitted for IRB review ( e.g. including a HIPAA-compliant authorization, or providing in explicit terms the basis for a waiver of authorization under HIPAA, as described above). Since there are protocols that have just been approved, it will take a full year before all Children's protocols have been modified as part of continuing review.

In the interim (between April 14, 2003, and continuing review for your specific protocols), investigators will be asked to attach a Privacy Rule Authorization Addendum to each informed consent document. **It is the investigator's responsibility to be certain that this form is signed by each research subject enrolled after April 14, 2003 in addition to the informed consent. Investigators must be certain this requirement is fulfilled. Otherwise, you will not be able to use or disclose subjects' protected information or any related research data, and you will have violated their rights under HIPAA.** At the next scheduled continuing review, the authorization form and consent document will be merged together.

**If I am conducting a medical record/database review that had received IRB approval, and informed consent requirements were waived prior to April 14, 2003, do I need to do anything as of April 14, 2003?**

You should continue to apply the procedures you have developed to protect the privacy and confidentiality of the subject, but you do not need to re-apply to the IRB. Ongoing medical record reviews that were reviewed and approved prior to April 14, 2003 are "grandfathered." However since HIPAA will be in effect, any disclosure of the protected health information made pursuant to a waiver of consent/authorization must be tracked as noted below. (see section 11 )

**10. What are the implications of the Privacy Rule on Recruitment Practices?**

**Does HIPAA impact how subjects are recruited into clinical trials?**

Recruitment of subjects into clinical trials often requires that identifiable health information be provided to individuals who are performing the research. The IRB will continue to review the proposed recruitment practices as part of protocol review, however here is some guidance concerning likely situations:

- A potential subject may contact a researcher about a study ( e.g. responding to a recruitment notice); HIPAA does not prohibit or affect this, nor does it affect how you should answer potential subjects inquiries about the nature of the study.
- A treating physician may share de-identified information with a researcher to determine a patient's eligibility for a study, provided the new HIPAA requirements for de-identification described above are met.
- If approved by the IRB, a treating physician and researcher may still co-sign a recruitment letter to patients, with no new HIP AA requirements
- If a treating physician proposes to share identified health information with a researcher to discuss potential enrollment in the research, HIP AA requires that either the patient's authorization be obtained by the treating physician or the IRB approve this sharing with a waived authorization.
- If a researcher wants to review medical records to identify potential subjects, the researcher will need to include this plan either in the research protocol or in a medical record/database request *form* and the IRB will need to determine whether waiver criteria have been met or an authorization needs to be obtained from the patient.

**11. What do I need to know about a subject's ability to revoke an authorization to use his or her protected information?**

*Researcher's Guide to HIP AA*

A subject always has the right to revoke consent to participate in the research. The Privacy Rule now requires that a subject have the ability to revoke a previously signed authorization for researchers to use or disclose his or her protected, identifiable information for research. Researchers must honor this request, except to the extent they have already "relied on" the permission. As an example, if researchers have already included a person's protected information in the analysis of the data, the analysis can be maintained. In addition, researchers may "continue using and disclosing protected health information that was obtained prior to the time the subject revoked his or her authorization, as necessary to maintain the integrity of the research study." However, researchers may not use or disclose additional information that they have not yet accessed at the time the authorization is being withdrawn, except for purposes such as accounting for the subject's withdrawal, reporting adverse events, or complying with investigations. If a subject revokes authorization to use his or her protected information, HIPAA permits you to withdraw them from the study, including any treatment component (subject of course, to any other professional standards that would prompt their continuation, such as the medical need for them to taper off a study drug).

## **12. When and how do I track/account disclosures of protected health information ?**

In certain situations, the Privacy Rule requires keeping track of when, where and what identifiable health information is disclosed outside of Children's Hospital. Tracking is generally required when the authorization of the subject has been waived by the IRB and the information is being disclosed outside of Children's Hospital. Tracking is not required for research uses and/or disclosures that have been authorized by the subject as described above. The purpose of this tracking is to provide patients, upon their request, with a list of how information about them was released for research and certain other non-treatment purposes without their knowledge. The data elements in that list may vary based on the sample size involved in research study. Children's will be implementing a computerized tracking system, which will track information released from Medical Records or Information Services (Decision Support Services, the data warehouse).

FOR ANY OTHER DISCLOSURES OF PROTECTED INFORMATION UNDER WAIVERED STUDIES (e.g., investigators' disclosures of protected health information from their own data repositories) the investigator will be responsible for entering, or having staff enter, the disclosure into the Children's tracking system. Further information about how to do this will be available as we approach April 2003. As that time approaches, assistance will also be available through the HIPAA Program Office (contact Shari Bedar, in the HIP AA Program Office at 52798). Until you are comfortable with the system it would be best to contact the HIP AA Program Office before disclosing protected health information from your own data repositories. **(Note: For MCHS investigators, you can get further information on how to track this information and which staff can assist you with this process by sending an email to [privacy.officer@mosescone.com](mailto:privacy.officer@mosescone.com)).**

## **13. What is a Business Associate Agreement and when do I need to have one?**

A "business associate" is an individual or entity outside of Children's that:

## *Researcher's Guide to HIP AA*

- a. Performs or assists Children's (including Children's researchers, physicians and employees) in performing any function or activity that involves use or disclosure of protected health information and
- b. Acts on behalf or at the request of Children's as broadly defined above.

HIPAA requires us to enter into a specific form of agreement with any "business associate" before protected health information is disclosed to it.

### **Example of who IS a business associate.**

A third party that is asked to perform a function on the hospitals' or researchers' behalf that is *not itself* research may be a business associate if it receives, or analyzes or processes protected health information. For example, the following are all likely to be business associates: a consultant or contractor that analyzes data or performs lab tests on identifiable tissue samples; a software installer who has access to identified information during the installation; a research institution or investigator performing part of the research under a subcontract with Children's; a web hosting or data storage company that you (rather than the sponsor) have engaged; third parties that handle billing for a research study on your or Children's behalf; and a third party that handles recruitment and screening engaged by you or Children's, rather than the sponsor.

### **Example of who is NOT a business associate:**

Outside researchers and coordinating or statistical centers participating in multi-site research are generally not business associates.

Third parties that sponsor research are generally not business associates.

CROs (contract research organizations), monitors and data warehouses engaged by a sponsor are not your (or Children's) business associates, even if you will receive or have access to their work product (because they are performing these functions on behalf of the sponsor, not you or Children's).

### **14. What do I need to do if I determine I need a business associate agreement or I am not sure whether one is required?**

If you are not sure if a person or entity is a business associate contact your usual contact person in the office of Sponsored Programs at x57044, who depending on the circumstances may also refer you to or involve Patrick Taylor in the Office of General Counsel (x56800). **(Note: For MCHS if you need to get further information on determining if a person or entity is a business associate send an email to [privacy.officer@mosescone.com](mailto:privacy.officer@mosescone.com)).**

If a business associate agreement is required you may go to the Children's Hospital HIPAA web page. A business associate agreement template is provided along with instructions as to how to complete the agreement. If you need assistance in completing it, or in determining whether the compliance "assurances" a business associate is giving you are adequate, start with your normal contact person in OSP. **(Note: For MCHS, you can**

**make the request for a Business Associate Agreement and obtain further information by sending an email to [privacy.officer@mosescone.com](mailto:privacy.officer@mosescone.com))**

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## **15. Are there special considerations for multi-center research?**

Investigators often engage in a variety of collaborative relationships with individuals and entities outside of Children's. As of April 14, 2003, the sharing of protected identifiable information with researchers and research sites outside of Children's will constitute a "disclosure" of protected health information subject to the HIPAA Privacy Rule. When information is shared among multiple sites, the Privacy Rule may present issues that do not arise in other research contexts. Investigators involved in multi-center research should consider the following in determining how the Privacy Rule will impact their studies.

If individually identifiable research data is to be shared with sites outside of Children's, you will need to consider the following:

- The consent/authorization form (assuming no waiver has been granted) should list the sites and sponsor (if any) that may be involved in the research and to which subjects' identifiable health information may be disclosed, and for what purposes the information will be disclosed.
- The sites will have to develop a cooperative mechanism for protecting subjects' individual rights as provided by the Privacy Rule. Specifically sites must be able to 1) obtain identifiable health information from one another to respond to a subject's request to inspect or copy the information; 2) inform one another of amendments to a subject's health information; and 3) in waived studies, advise one another (and the sponsor, if any) of a subject's request to receive for accounting/listing of disclosures.
- The investigator should determine whether any relationship with outside sites or entities with whom identifiable information will be shared are business associate relationships requiring agreements. Outside researchers and research sites, coordinating and statistical centers, and sponsors are generally not business associates. However certain entities that perform a function on the researchers' behalf that is not itself research (e.g. web hosting companies) may be business associates, see question 12 and 13 for further information about business associates.
- If research data can be de-identified or meet the criteria for a limited data set (see question 7) before it is disclosed to other sites or entities, then the disclosure is not subject to the other Privacy Rule Requirements. Disclosure of a limited data set would require a data use agreement. See question 7b for further information about limited data sets.

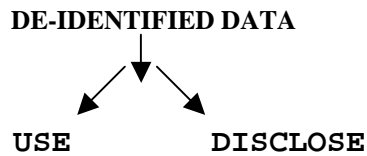
## **16. Who I should contact if I have Questions?**

The HIPAA Privacy Rule is complicated and it is expected that many questions will arise. Many individuals share responsibilities for implementing the Privacy Rule requirements. For MCHS, if you have questions you should send those questions to [privacy.officer@mosescone.com](mailto:privacy.officer@mosescone.com).

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*12/13/02*

## Appendix 1: De-Identified Data Flowchart



**The Privacy Rule does not apply to de-identified information. You do not need authorization, waiver of authorization, tracking/accounting, business associate agreements.**

### **In order to de-identify data:**

All of the following 18 elements listed below relating to the individual, relatives or employer must be removed, and you must ascertain there is no other available information that could be used alone or in combination to identify an individual:

1. Names
2. Geographic subdivisions smaller than a state
3. All elements of dates (except year) for dates directly related to an individual- including dates of admission, discharge, birth, death and for persons > 89, the year of the birth cannot be used.
4. Telephone numbers
5. Fax numbers
6. Electronic mail address
7. Social security number
8. Medical record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identification and serial numbers including license plates
13. Device identifiers and serial numbers
14. Web URLs
15. Internet protocol addresses
16. Biometric identifiers, including fingerprints and voice recordings
17. Full face photos and comparable images
18. Any unique identifying number, characteristic, code

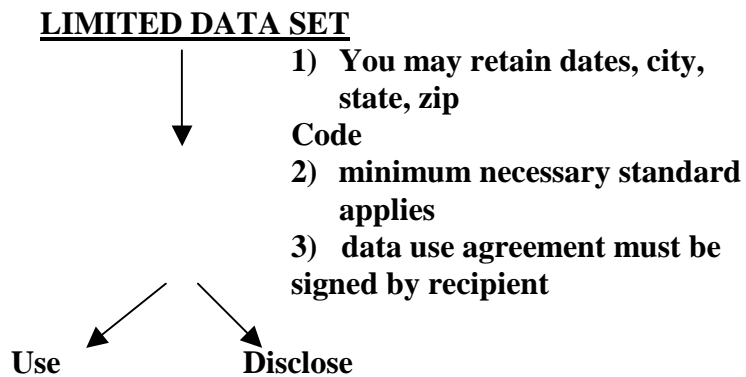
### ***Method 2***

If one or more of the identifiers listed above is present, then the information cannot be considered "de-identified" unless a person with appropriate expertise (e.g. statisticians) has determined, justified, and documented that the risk is very small that the information could be used alone or in combination with any other reasonably available information by an anticipated recipient to identify the individual.

If any of the above mentioned data are coded, as long as the code is maintained solely at Children's Hospital, the data may still be considered de-identified

*Researcher's Guide to HIP AA*

## Appendix 2: Limited Data Set Flowchart



**You do not need authorization, waiver/tracking or business associate agreements. However**

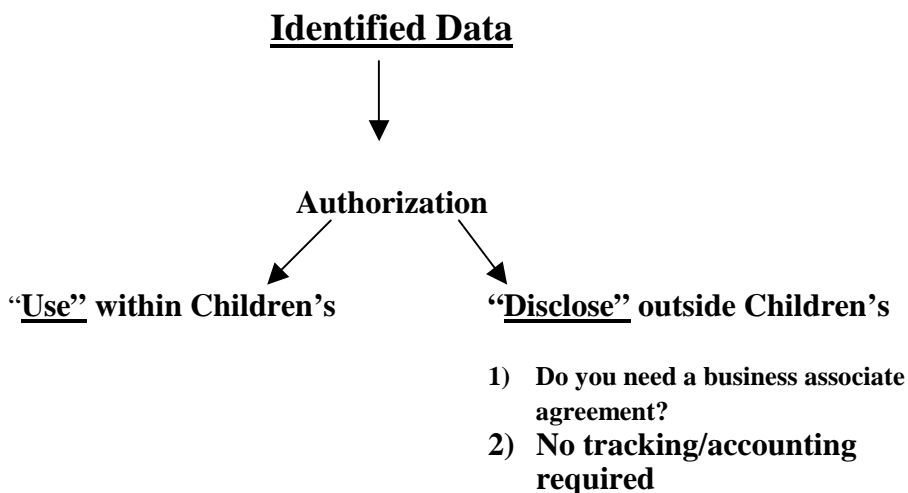
- 1) the PI must request and the hospital must to release only the minimum necessary data required for the research and**
- 2) the recipient needs to sign a data use agreement (within or external to Children's)**

A limited data set is data that is fully de-identified, as specified above, except the following identifiers can be retained:

- 1) Dates (e.g. date of birth admission and discharge dates)
- 2) Geographic information (city, state, zip code, but not street address)
- 3) Other unique identifying numbers, characteristics, or codes that are not expressly excluded.

The data use agreement generally describes the permitted uses and disclosures of the information and prohibits re-identifying or using the information to contact individuals. A data use template agreement will be available for use in these situations.

*Researcher's Guide to HIP AA*  
Appendix 3: Identified Data with Authorization Flowchart



**Authorization:**

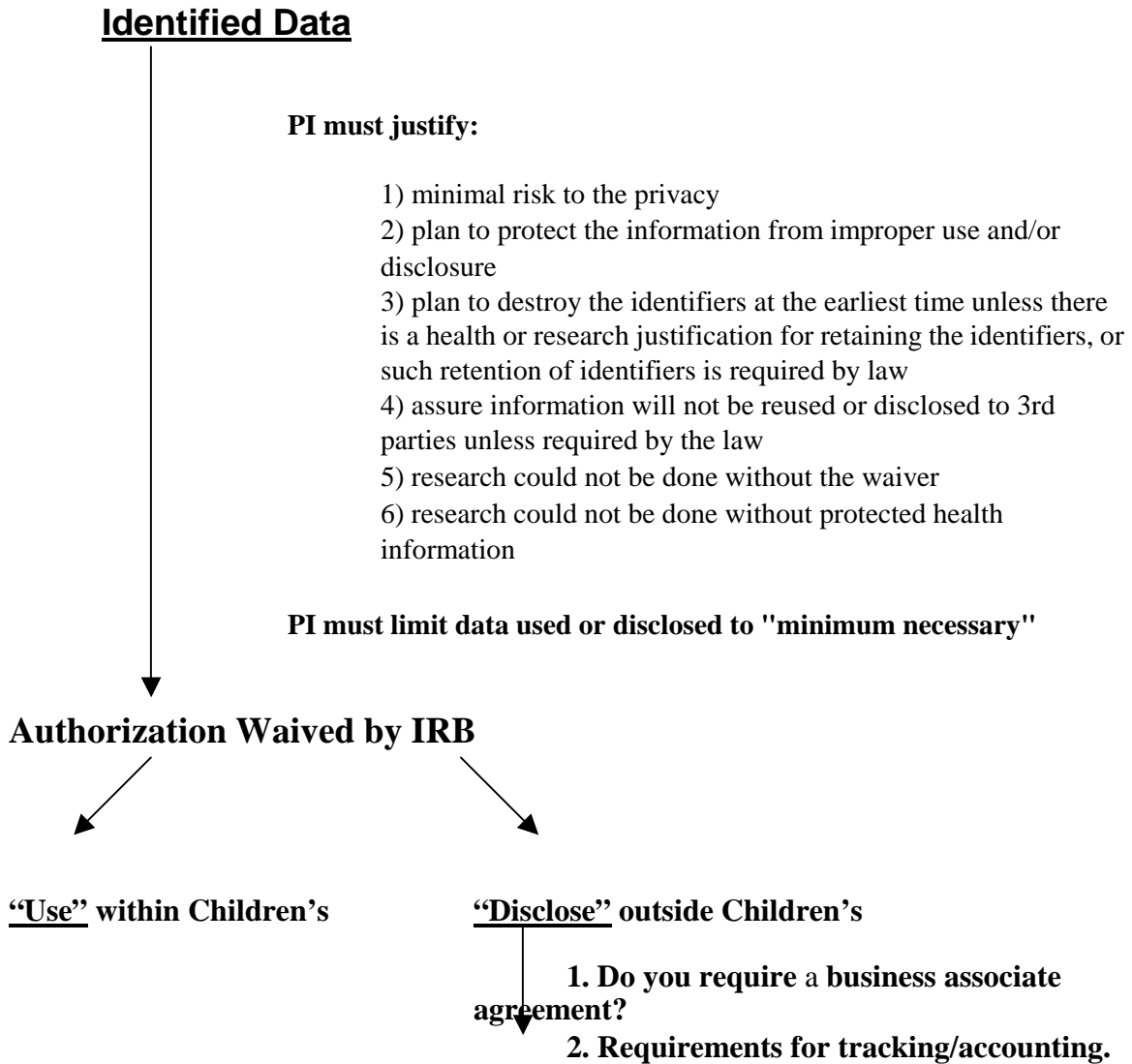
- 1) Template of language available from Committee on Clinical Investigation
- 2) New protocols submitted as of April 13, 2003 -combine authorization with consent
- 3) Existing protocols -use authorization addendum until next continuing review at which time authorization language must be combined with consent

**Authorization:**

- 1) Do you need a business associate agreement?
- 2) No tracking/accounting required

*Researcher's Guide to HIP AA*

Appendix 4: Identified Data with Waiver of Authorization Flowchart



**Tracking and Accounting:** Children's will be implementing a computerized tracking system, which will track information released from Medical Records or Information Services (Decision Support Services, the data warehouse). **FOR ANY OTHER DISCLOSURES OF PROTECTED INFORMATION UNDER WAIVERED STUDIES** (e.g., investigators' disclosures of protected health information from their own data repositories) the investigator will be responsible for entering, or having staff enter, the disclosure into the Children's tracking system. (Note: For information on tracking disclosures at MCHS, send an email to [privacy.officer@mosescone.com](mailto:privacy.officer@mosescone.com))

*Researcher's Guide to HIP AA*

**Moses Cone Health System**

**HIPAA Level Three Training for Staff Involved in Research  
March 7, 2003**

**ATTESTATION SHEET**

I have read "The Researcher's Guide to HIPAA; Everything You Always Wanted to Know About HIPAA But Were Afraid to Ask" (Draft Edition), Susan Kometsky, Children's Hospital, Boston, December, 2002, and agree to follow these policies and practices in my research activities at Moses Cone Health System.

**PRINT NAME** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**Please print this ATTESTATION SHEET and send via  
hospital mail to Staff Education @ Moses Cone by  
April 7**