Department of Veterans Affairs	IRB Documentation of Waiver of HIPAA Authorization for Research	
VA Facility Name	Station Number	
Title of Study		
Principal Investigator (Last, First, Middle)		
Give a brief description of the Protected Health Information (PHI), including the identifiers, for which use or access has been determined to be necessary by the IRB. Example: name, initials, medical record information, x-rays, etc.		
FOR IRB USE ONLY BELOW THIS LINE		
NOTE: For an IRB or Privacy Board to approve a waiver of HIPAA authorization for research, it must determine that the following criteria have been met as required by 45 CFR 164.512(i).		
The IRB has determined that (check all that apply):		
The use or disclosure of the PHI involves based on, at least, the presence of all the	s no more than minimum risk to the privacy of individuals, e following elements:	
An adequate plan to protect the ide	entifiers from improper use and disclosure.	
An adequate plan to destroy the identifiers at the earliest opportunity consistent with conduct of research, unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law.		
or entity, except as required by law	the PHI will not be reused or disclosed to any other person for authorized oversight of the research study, or for other posure of PHI would be permitted by the HIPAA Privacy	
The research could not practicably be co	onducted without the waiver or alteration.	
The research could not practicably be co	onducted without access to and use of the PHI.	
Note: If an IRB determines that all criteria are not meet, the IRB cannot approve the waiver.		

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This waiver of authorization is for: (Check only one of the following)		
Use of PHI only of recruitment of study subjects		
Use or disclosure for recruitment of study subjects and one or more phases or aspects of the study. List/describe the phase or aspects.		
Use or disclosure for one or more phases or aspects of the study but not recruitment. List/ describe the phase or aspects.		
This waiver has been approved by:		
Convened board review		
Expedited board review		
Signature IRB Chair or Voting Member of the IRB	Date	
Name of the IRB		
Name of the IRB's sponsoring institution		
Location (City, State)		

VA FORM 10-0521