

UNIVERSITY OF WISCONSIN HIPAA COVERED ENTITIES

USE OF PHI IN ACTIVITIES PREPARATORY TO RESEARCH
CERTIFICATION OF COMPLIANCE WITH HIPAA PRIVACY RULE REQUIREMENTS

Name: _____ School/Center/Department: _____
(Please print or type)

Contact information at work: Office location: _____
Telephone number: _____
E-mail address: _____

I acknowledge that the HIPAA Privacy Rule imposes restrictions on the use of protected health information (PHI) in activities preparatory to research, defined as:

- the development of research questions,
- the determination of study feasibility (in terms of the available number and eligibility of potential study participants),
- the development of eligibility (inclusion and exclusion) criteria, and
- the determination of eligibility for study participation of individual potential subjects.

I therefore agree that:

1. Under this certification, I am permitted to use PHI only for the purposes of preparing a research protocol for grant preparation or IRB review or for those preparatory to research activities listed above.
2. I will use only the PHI that is necessary to prepare a research protocol for grant preparation or IRB review or for those preparatory to research activities listed above.
3. I will not remove any PHI, abstracted in the course of my review of PHI, from the University of Wisconsin (UW) covered entities under the HIPAA Privacy Rule. The covered entities include the Health Care Components of UW-Madison, the UW Hospitals and Clinics, and the UW Medical Foundation, including its clinics. Furthermore, I will not disclose the abstracted PHI under any circumstances to anyone outside of the UW covered entities.
4. I will apply the above conditions to PHI maintained by the UW covered entities.

Signature

Date

This form must be signed and dated in order to be valid.

You will be notified if the Privacy Rule requirements stated above change. If a change in these requirements occurs, you may be required to file a revised certification form.

Filing Instructions: Submit a signed and dated copy of this form to your department, section, center, or institute administrator and the original to:

Privacy Officer - University of Wisconsin-Madison
90B Bascom Hall
500 Lincoln Dr.
Madison, WI 53706-1380

A copy of this form should be retained for your records because it may be required before database or other record custodians grant you permission to access PHI.