**HIPAA-IRB Form 5: Submit to the IRB Office**

**(Revised 11/10/21)**

**REPRESENTATIONS FORM FOR RESEARCH**

**INVOLVING ONLY DECEDENTS’ INFORMATION**

The Privacy Regulations issued under the Health Insurance Portability and Accountability Act (“HIPAA”) require researchers to make certain representations *before* using or disclosing decedent’s protected health information (“PHI”) for research. A “use” is sharing PHI among the Hopkins workforce. A “disclosure” is sharing PHI with someone outside the Hopkins workforce.

**This form must be completed by the researcher who intends to examine information of deceased persons that contain PHI *before* the researcher examines those records.**

**NOTE:** The researcher must track disclosures of PHI which are made in the course of the review of decedents’ PHI. This means that a record of any disclosures made during the review must be kept.

**The researcher intends to examine information of deceased persons for the following research purposes:** (*please describe)*

**Please identify the source (e.g., data repository, Epic, other clinical system, etc.) of the information of deceased persons the researcher proposes to examine for this research:**

**The researcher makes the following representations:**

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

2. If the Institutional Review Board requests it, the researcher will provide documentation as

to the death of the individuals.

3. The PHI is necessary for the research purposes.

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Signature of Researcher Date

Faculty Title, if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title, if not faculty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization for faculty or non-faculty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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