Department of Veterans Affairs		Authorization for Research		
VA Facility Name			Station Number	
Title of Study				
Principal Investig	ator (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):				
	lisclosure of the PHI involve least, the presence of all the	s no more than minimum risk to the e following elements:	e privacy of individu	uals,
		entifiers from improper use and disc	closure.	
of rese		entifiers at the earliest opportunity h or research justification for retain d by law.		
or entit	y, except as required by law	the PHI will not be reused or disclo	search study, or fo	r other
The research	n could not practicably be co	onducted without the waiver or alte	ration.	
The research	n could not practicably be co	onducted without access to and use	e of the PHI.	
Note: If an IRB de	etermines that all criteria are	e not meet, the IRB cannot approve	e the waiver.	

IRB Documentation of Waiver of HIPAA

VA FORM JUL 2011 Page 1 of 2

IRB Documentation of Waiver of HIPAA Authorization for Research - Page2 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 Date Signature IRB Chair or Voting Member of the IRB Name of the IRB Name of the IRB's sponsoring institution Location (City, State)