**Research on Decedents’ Information**

To use or disclose protected health information (PHI) of the deceased for research, covered entities are not required to obtain Authorizations from the personal representative or next of kin, a waiver or an alteration of the Authorization, or a data use agreement. This form must be completed by the principal investigator is who is seeking access to decedents’ PHI.

|  |  |
| --- | --- |
| Project Title: |       |
| Principal Investigator: |       | Institution |       |
| Address/City/State/Zip: |       |
| Email address: |       | Phone: |       |
|  |
| **Complete the following:** |
|  |
| Identify research staff who will have access to the decedent information: |
|  |       |       |
|  |       |       |
|  |       |       |
| Records of deceased persons are being examined for the following research purposes: |
|       |
|  |
| What time period of records: | From:       | To:       |
|  |
| What data elements will be recorded? |
|       |
|  |
| Identify the source of the records of the deceased individuals which are to be examined for this research study (e.g. medical records, database, specimens, etc.:) |
|       |
|  |
| The research could not practicably be conducted without access to and use of the decedent PHI  |
| because: |
|       |
| Will the PHI of the decedent be shared with anyone outside of the Public Health Division or Multnomah County Health Department? If yes, identify who is receiving the information, what information will be shared, and how it will be identified. | [ ]  Yes [ ]  No |
|       |

As the principal investigator for this research study, I certify that:

* The use and/or disclosure of protected health information (PHI) is sought solely for research on the PHI of deceased persons;
* The PHI is necessary for the research purposes described above;
* The requested information constitutes the minimum necessary to accomplish the goals of the research.
* Documentation of the death of these persons will be provided if requested by the covered entity; and
* Information that is shared with anyone outside of the PHD or MCHD will be tracked as required by HIPAA in order to account for disclosures.

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Signature Date