



DISCLOSURES OF 50+ PATIENTS' PHI FOR RESEARCH FORM

The Privacy Regulations issued under the Health Insurance Portability and Accountability Act (“HIPAA”) and Allina Health’s policy, *Use and Disclosure of Protected Health Information for Research* (the “Policy”), require that researchers track all disclosures of PHI outside of Allina Health. There are exceptions for disclosures of de-identified data, data in a limited data set, data disclosed pursuant to a study-specific authorization, and disclosures made for purposes of treatment, payment, or operations. An individual’s Minnesota Research Authorization (MRA) status must be a verified MRA-yes (see the Policy) to be disclosed to an External Researcher¹.

If you anticipate that you will disclose PHI for 50 or more individuals to an External Researcher¹ (as defined in the Policy) for a particular research study, you may submit this form rather than tracking each disclosure individually. The disclosures do not necessarily need to be made to the same External Researcher.

If you do not submit this form but have made disclosures of PHI for research, you must track such disclosures individually consistent with the Policy.

Study Title (as it appears in IRB application): Click or tap here to enter text.

IRBnet (if applicable) #: Click or tap here to enter text.

Name and Email Address of Person Completing this Form: Click or tap here to enter text.

Principal Investigator: Click or tap here to enter text.

Brief description (3-4 sentences) in plain language of this study, including the purpose of the study and the criteria for selecting particular records: Click or tap here to enter text.

Research site/service line (select best fit):

- Allina Health Cancer Institute
- Cardiovascular (e.g., MHVI, MHI/F)
- Courage Kenny Rehabilitation Institute
- Mental Health and Addiction Services
- Mother-Baby
- Neuroscience, Spine, and Pain Institute
- Nursing
- Orthopedics

¹ An “External Researcher” is defined as a Researcher who is not an Internal Researcher. An Internal Researcher is a Researcher who is (1) employed by Allina Health and/or the organizations covered by the Allina Health Notice of Privacy Practices and/or owned by the Allina Health System, (2) credentialed as a member of the Allina Health Medical Staff, (3) affiliated through a direct contract at Allina Health facilities, related sites, and specialty programs, or (4) as designated by the Compliance & Privacy Department. See the policy *Use and Disclosure of Protected Health Information for Research*.

Penny George Institute for Health and Healing

Primary Care

Surgical

Other: Click or tap here to enter text.

Type of PHI disclosed (select all that apply):

Demographic

Clinical

Billing

Other: Click or tap here to enter text.

Date or period of time during which the disclosures are likely to occur: Click or tap here to enter text. through Click or tap here to enter text.

Sponsor Name: Click or tap here to enter text.

Sponsor Address: Click or tap here to enter text.

Sponsor Phone: Click or tap here to enter text.

External Researcher Name: Click or tap here to enter text.

External Researcher Address: Click or tap here to enter text.

External Researcher Phone: Click or tap here to enter text.

Notice: Any information provided on this form (including names, addresses and phone numbers) may be provided to patients who request an accounting of their PHI disclosures.

If a patient requests an accounting of his/her disclosures, Allina Health is obligated to identify whether it is reasonably likely that his/her PHI was disclosed for a particular research protocol, and if so, Allina Health must assist the patient in contacting the sponsor or External Researcher. If a patient requests further detail about the study listed above, the individual who filled out the form and/or any member of the study staff may be contacted to help identify whether a particular patient's PHI may have been disclosed in the course of this study.

Submit this form to researchcompliance@allina.com