

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.

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): _____

IRBnet (if applicable) #: _____

Name and Email Address of Person Completing this Form: _____

Principal Investigator: _____

Brief description (3-4 sentences) in plain language of this study, including the purpose of the study and the criteria for selecting particular records:

Research site/service line (select best fit):

- Care Delivery
- Cardiovascular (e.g., MHVI, UHVC, MHI/F)
- Integrative Health and Healing (PGIHH)
- Neuroscience (JNNI)
- Nursing
- Oncology (e.g., VPCI)
- Orthopedics and Spine
- Rehabilitation (CKRI)
- Other: _____

Type of PHI disclosed (select all that apply):

- Demographic
- Clinical
- Billing
- Other: _____

¹ In general, “External Researcher” is defined as an individual who is not employed by Allina Health. The term is further defined in the policy *Use and Disclosure of Protected Health Information for Research*.

Date or period of time during which the disclosures are likely to occur: _____ through _____
[calendar date] [calendar date]

Sponsor Name: _____

Sponsor Address: _____

Sponsor Phone: _____

External Researcher Name: _____

External Researcher Address: _____

External Researcher Phone: _____

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****