Guidance for studies accessing Protected Health Information (PHI) using HIPAA waiver at The University of Toledo (UT) only/and ProMedica Health System (PHS)*

Studies requesting access to PHI (patient charts)

UT Only

Submit to UT IRB

HIPAA waiver from UT is part of IRB application

UT and PHS*

Submit to UT or PHS IRB*

HIPAA waiver from non-reviewing IRB to be submitted with IRB application*

IRB Approval

Access PHI as mentioned in the IRB approved study application

NO

IT assistance required for accessing PHI

YES

For UT PHI access submit UTP/UTMC Data Report Request Form and IRB Approval Memo to Privacy Officer**

Submit Privacy Officer approved UTP/UTMC Data Report Request Form to IT***

*For studies accessing PHI at PHS only, ProMedica IRB submission, PHS HIPAA waiver and PHS procedure after IRB approval, contact phsirb@promedica.org

**email: privacyoffice@utoledo.edu

***email: UtpReportRequests@UTOledo.edu for outpatient clinical data AND/OR

IHelpDesk@UTOledo.edu for inpatient clinical data
Under the Part 2 program, reports that contain Part 2 patient identifying information are protected under the Part 2 regulations. Patient consent must be obtained to provide the information and/or IRB approval. These reports may not be re-disclosed without authorization. Consult with Office of Legal Affairs or the Privacy Office for direction.

Requestor Information:

____________________________________________  __________________________  __________________
Name  Phone  Date

Department

Report being Requested on Behalf of

________________________  __________________________  __________________
Name  Phone  Date

Purpose and Outcome of Report

<table>
<thead>
<tr>
<th>Billing Inquiry / Verification</th>
<th>Research (include IRB#: ___________________________)-attach copy of IRB approval memo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Improvement Project</td>
<td>Grant (Please attach copy of grant to this request)</td>
</tr>
<tr>
<td>Provision of Clinical Services</td>
<td>Other (Please Specify)</td>
</tr>
</tbody>
</table>

If any of the Direct Identifiers as described by HIPAA Regulations as listed below are requested, provide an explanation of why you cannot complete the project without these direct identifiers. Follow Minimum Necessary Guidelines and only request what is absolutely necessary.

<table>
<thead>
<tr>
<th>PT Name</th>
<th>Certificate/License #</th>
<th>PT MRN</th>
<th>ICD Code</th>
<th>Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td>Device/serial #</td>
<td>Acct Number</td>
<td>CPT Code</td>
<td>Payments</td>
</tr>
<tr>
<td>Address/Phone #</td>
<td>Vehicle Identifiers</td>
<td>Phys. Name</td>
<td>HCPCS Code</td>
<td>Adjustments</td>
</tr>
<tr>
<td>Email address</td>
<td>Full Face Photo</td>
<td>Phys. Number</td>
<td>Claim Number</td>
<td>WRVU’s</td>
</tr>
<tr>
<td>SSN</td>
<td>Date of Death</td>
<td>Date of Service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance Carrier/ID</td>
<td>Other Unique Identifiers</td>
<td>Service Dept.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMR</td>
<td>Athena</td>
<td>STAR</td>
<td>Horizon</td>
<td>Other</td>
</tr>
</tbody>
</table>

Give a complete explanation of why you cannot complete the project without these direct identifiers: ____________________________________________________________

Please list or attach an example of expected outcome.

Report can be limited to the following:

Date(s) of Service

Date(s) of Transaction

Dept. Name/# ____________________________  Facility Name/# ____________________________

Full Provider Names

Procedure Code(s) (CPT)

Diagnosis Code(s) (ICD)

Where will the report be securely housed ____________________________  How long ____________

Plans for destruction of the report

Additional Information maybe attached to this request to further explain the report request. IT will not process without approvals.

Supervisor Approval __________________________________________  Date ______________________

Privacy Officer Approval: __________________________  Date ______________________

Reason for Denial: ____________________________________________________________________