

# SIUE HIPAA De-Identification Certification Form

(DO NOT COMPLETE IF AUTHORIZATION WILL BE OBTAINED OR  
WAIVER OF AUTHORIZATION IS REQUESTED)

PI Name: \_\_\_\_\_

Title of Study: \_\_\_\_\_

Research which involves the use of “de-identified” Protected Health Information (PHI) \* is exempt from HIPAA requirements. To be exempt from HIPAA, none of the following subject identifiers can be reviewed or recorded by the research team.

Research personnel for this research project will receive, review, and/or record the following data:

(Check all that apply)

- Name
- All geographic subdivisions smaller than a state (street address, city, county, precinct) Note: zip code or equivalents must be removed, but can retain first 3 digits if the geographic unit to which the zip code applies if the zip code area contains more than 20,000 people
- For dates directly related to the individual, all elements of dates, except year. (date of birth, admission date, discharge date, date of death)
- All ages over 89 or dates indicating such an age
- Telephone number
- Fax number
- Email address
- Social Security Number
- Medical Record Number
- Health Plan Number
- Account Numbers
- Certificate or license numbers
- Vehicle identification/serial numbers including license plate numbers
- Device identification/serial numbers
- Universal Resource Locators (URL's)
- Internet Protocol addresses (IP's)
- Biometric Identifiers
- Full face photographs and comparable images
- Any other unique identifying number, characteristic or code

**(If you checked any of these items, you must complete either the *HIPAA Authorization form* or the *Waiver of HIPAA Authorization form*.)**

<https://www.siu.edu/graduate/forms/compliance.shtml>

**None of the above**

(If you checked "None of the Above," sign below and submit this form with the completed SIUE *Application for Approval of Project Involving Human Subjects*.)

**Principal Investigator/Researcher**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_