



APPENDIX G

University of South Alabama
DE-IDENTIFICATION CERTIFICATION FORM

Do not complete if Authorization will be obtained or Waiver of Authorization is requested.

IRB Protocol: P.I. Name:

Title:

I certify that the protected health information (PHI) received or reviewed by research personnel for the research study referenced above does not include any of the 18 identifiers listed below. Also, all research staff involved with the study has or will become familiar with the University of South Alabama HIPAA Privacy Compliance Plan for Research.

- 1. Names (individual, employer, relatives, etc.)
2. Address (street, city, county, zip code- initial 3 digits if geographic unit contains less than 20K people, or any other geographical codes)
3. Telephone numbers
4. Fax numbers
5. Social Security numbers
6. All elements of dates (except for years)
- Birth Date
- Admission Date
- Discharge Date
- Date of Death
- Ages > 89 and all elements of dates indicative of such age
7. E-mail addresses
8. Web Universal Resource Locator (URL's)
9. Internet Protocol (IP) address numbers
10. Medical Record numbers
11. Health Plan Beneficiary Numbers
12. Account Numbers
13. Certificate/License Numbers
14. Vehicle Identifiers and Serial Numbers (e.g., VINs, License Plate Numbers)
15. Device Identifiers and Serial Numbers
16. Biometric Identifiers
17. Full face photographic images and any comparable images
18. Any other unique identifying number, characteristic, or code

Principal Investigator

Date

PHI = individually identifiable health information transmitted or maintained in any form (electronic means, on paper or through oral communication) that relates to the past, present or future physical or mental health or conditions of an individual.