



# CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.

## CRIHB Institutional Review Board Waiver of HIPAA Authorization

Protocol Title: \_\_\_\_\_

IRB (Protocol) #: \_\_\_\_\_ Principal Investigator (PI) Name: \_\_\_\_\_

Review Type:         Expedited IRB Review     Full IRB Review

This Waiver is a:     Partial Waiver                     Full Waiver

*Partial Waiver is for the recruitment and/or screening portions of a study. Participants will sign a full HIPAA Authorization at the time of their enrollment into the study.*

The IRB Chair/designee, has found that:

1. The use or disclosure of Protected Health Information (PHI) involves no more than minimal risk to the privacy of individuals, based on the presence of the following 3 elements:
  - a. There is an adequate plan to protect the identifiers from improper use or disclosure;
  - b. There is an adequate plan to destroy the identifiers at the earliest opportunity consistent with the conduct of research, unless there is a health or research justification for retaining the identifiers or retention is required by law;
  - c. There are adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity, except as required by law, for authorized oversight of the research protocol, or for other research as permitted by the HIPAA regulations.
2. The research cannot practicably be conducted without the alteration or waiver.
3. The research cannot practicably be conducted without access to and use of the PHI.

The PHI which has been determined to be necessary for this research by this waiver approval process is:  
(*brief description*)

In making this decision, the IRB conforms to full Board or expedited review procedures described in the HIPAA Privacy Rule.

Waiver of HIPAA Authorization approved by:

CRIHB IRB Chair/Designee Name: \_\_\_\_\_

CRIHB IRB Chair/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_