



**ROBERT MORRIS UNIVERSITY
INSTITUTIONAL REVIEW BOARD (IRB)**

**REQUEST FOR WAIVER OF HIPAA PRIVACY AUTHORIZATION FOR RESEARCH-
RETROSPECTIVE CHART REVIEWS**

Study Title: _____

Principal Investigator: _____ Phone: _____

Email: _____ IRB Number: _____

1. I am requesting this waiver for the following purpose (select one only):
 - _____ Retrospective chart reviews, research databases or repository, or other research where obtaining a signed authorization is not feasible.
 - _____ Collection of initial screening data to recruit potential research subjects, or to determine study eligibility only. (IRB approval is necessary for the remainder of the research study.)

2. The following Protected Health Information (PHI data elements) will be accessed, collected, used, and/or disclosed:

3. I certify that the use of Protected Health Information (PHI) involves no more than minimal risk to the privacy of subjects as defined in HIPAA regulations.
4. I certify that this research could not be reasonably conducted without this requested waiver.
5. I certify that this research could not be reasonably conducted without access to and use of the Protected Health Information (PHI).
6. I certify that, in accordance with HIPAA regulations, I will access only the minimal amount of Protected Health Information (PHI) necessary to accomplish the purpose(s) of the research described in this waiver request and accompanying IRB application.

To the best of my knowledge, I attest that the above statements are correct and complete.

Signature of Principal Investigator

Date

Printed name of Principal Investigator