

**Corporate Compliance**  
Certification for Use of PHI of Decedents**Name of Researcher** (please print)

\_\_\_\_\_

**Contact Information**

Office Location: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Title of Research Protocol**

\_\_\_\_\_

**Source(s) of Decedents Information** (such as medical record, database)

\_\_\_\_\_

I acknowledge this certification applies to the use of protected health information (PHI) which will be used for the above named research protocol, or a portion of the research protocol, directed at decedents. Additionally, I acknowledge that the HIPAA Privacy Rule [45 CFR 164.512(i)(1)(iii)] imposes the following rules on my use of decedent's PHI from the above named source(s).

1. This certification permits me to use PHI of decedents only for research in the above named protocol.
2. At the request of an IRB or any official within the covered entity, I will provide documentation of the death of any individuals whose PHI I am seeking to use the above named protocol.
3. My use of the PHI of decedents is necessary for the purposes of carrying out the research for the protocol named above.

I certify that I will apply the rules indicated above to my research use of PHI of decedents.

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

**A copy of this form should be submitted to the IRB to be filed with the corresponding protocol.**