

Note (0 Notes Total) Add

## 25-6. Decedent Information

Completion of this section is required based on the response provided to question 4-1.1.

25-6.1\* Identify the minimum amount of protected health information ("PHI") for the research project

25-6.2\* Affirm that the research project involves only information of deceased individuals. If requested by any representative of the University of Michigan Health System, the PI will provide documentation of the death of each of the individuals whose information will be used for this project.

25-6.3\* PI Affirmation: I understand that I am responsible to document any disclosures of the PHI described above (for example, from medical records or databases) as a result of this waiver, including the date of each disclosure, the name and contact information for the organization or person to whom it was disclosed, a brief description of the information disclosed (accounted for by patient name) and the reason for the disclosure, as required by the UMHS policy on accounting for disclosures. I understand that a "disclosure" includes sharing of PHI with most University of Michigan employees who are not members of the faculty or staff of the Health System, University Health Service, School of Dentistry, School of Pharmacy, or School of Public Health. I understand that I may contact the UMHS Privacy Director at UMHS.hipaa.privacy@umich.edu if I have any questions.