

PHI Use/Disclosure for Research Tracking Form

Background

Under HIPAA, patients/parents have the right to obtain an accounting of how their (their child's) protected health information (PHI) was disclosed without their authorization for reasons other than for treatment, payment or operations. The patient/parent may request Children's to provide an accounting of all organizations/ individuals who received their/their child's PHI without their authorization. **Children's must track disclosures of PHI that were done without an authorization.** Researchers at Children's may use the either attached form (or the online version of the form which directly feeds Children's Disclosure Tracking System) to track disclosures.

When to Complete the Research Disclosure Tracking Form:

When a Children's patient's information is accessed for use in an IRB-approved research study, where use of the information has not been authorized by the patient/parent (IRB approved a waiver of authorization) and where research team contains members who are not part of Children's workforce. Employees of Children's, CUMG, and residents and fellows working at Children's are part of Children's workforce.

How to Complete the Research Disclosure Tracking Form

Fill out the form online and print (preferable), or print out the blank form and complete by hand:

1. Enter **Study Information** beginning with the **IRB number, Research Study Title, Name of Principal Investigator**
2. **Person Accessing PHI** - Enter the name, phone number of the person accessing/disclosing the information.
3. In the **Information / PHI Disclosed** area, indicate briefly what PHI was accessed/disclosed.
4. In the **Information Source** area, indicate source of the information, including database name, if applicable).
5. Enter any comments you wish to make about this disclosure.
6. In the **Patient List** area, list patients whose information was accessed/disclosed; include both **Name (last, first)** and Children's **Medical Record number**. You may print out this form and attach a printed list of patients.
7. Send the **completed form** in hardcopy to: **HIM Department at Mailstop W 4870**, or send the **form by email to: HealthInformation@seattlechildrens.org** .

Questions? Contact Marita Meyer (x75001 or 206.987.5001)

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Must be used for all direct researcher access to patient information in waived studies where there are any members of the research team who are not members of Children's workforce. Disclosure of the paper medical record will be tracked by the Filing Dept. (A Research Chart Pull Request form is required for all chart requests.)

IRB#	Research Study Title	
Principal Investigator: (LN, FN)		
Person Accessing PHI: (LN, FN)		
Information/PHI Disclosed:		
Information Source:	If database please specify name. If other, please specify.	Location
Comments:		
Date Disclosed:	(if range) End date:	

Name (Last Name, First Name)	Children's Medical Record #

**List of Patients (Name & Medical Record # required) may be attached to this document.
Completed document should be sent to HIM Department Mailstop W4870.
Questions? Contact Marita Meyer (x75001 or 206.987.5001)**

