# DISCLOSURE TRACKING FOR RESEARCH

## Background

Under the Federal Privacy Rule (HIPAA), patients and their legal representatives have the right to obtain an accounting of how their protected health information (PHI) has been disclosed without their authorization for certain purposes, including disclosures for research. In order to provide a complete accounting upon request, **Seattle Children's must track all such disclosures of PHI.**

## When are researchers required to Track Disclosures?

Children's IRB determines if tracking is necessary as part of the review and approval process for each research study. The IRB will inform the principal investigator in writing if tracking is required in the approval documents it provides for each research study. Generally speaking, tracking will be required when the IRB approves a waiver of HIPAA authorization and at least one member of the research team is not part of Children's workforce. Employees of Seattle Children's, Children's University Medical Group (CUMG) faculty, and residents and fellows working at Children's are members of the workforce. Students other than residents and fellows usually are not.

## How to Track Research Disclosures

You may either complete the Research Disclosure Tracking online form, (preferable), or you may print the blank form below and complete it by hand. Whichever form you use, make sure to **complete all fields**.

**Send completed hardcopy forms** to Health Information Management (HIM) at **Mailstop OC.6.820**, or send the **form via email to** HealthInformationManagement@seattlechildrens.org.

## Questions?

**Contact** Seattle Children's Privacy Program at Privacy.Questions@seattlechildrens.org or Esther Kohler, Privacy Program Analyst, at (206)987-3482

# PHI Disclosure for Research Tracking Form

| | |
|---|---|
| **IRB#:** | **Research Study Title:** |
| **Principal Investigator: (LN,FN)**<br>**Person Accessing PHI: (LN,FN)**<br>**Primary Contact Phone number:** | |
| **Information/PHI Disclosed:** | |
| **Information Source:** | ☐ CIS ☐ Medical Record ☐ Other Database:_____<br>☐ Other:_____ |
| **Comments:** | |
| **Date Disclosed:** | **(if range) End Date:** |

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

# PHI Disclosure for Research Tracking Form

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