



TMA PRIVACY BOARD

REQUIRED REPRESENTATIONS FOR RESEARCH ON DECEDENT'S INFORMATION

Privacy Board Request #

Date of Request:		Principal Investigator (PI):	
Title of Research Project:			
Number of the Related Data Sharing Agreement Application (DSAA):			
Business Address:			
PI's Phone:		PI's Email:	
Government Sponsor:			
Sponsor's Phone:		Sponsor's Email:	

I. Purpose of this Document

The HIPAA Privacy Rule, as implemented by Department of Defense (DoD) Health Information Privacy Regulation (DoD 6025.18-R), requires researchers to make certain representations before Protected Health Information (PHI) can be used or disclosed for research on decedent's information. This document assists the researcher in making and recording these required representations.

II. Required Information

1. Provide a brief description of the research project.
2. Please clearly list the minimal amount of PHI necessary to conduct your research project. The PHI indicated in your response must be consistent with the more extensive list of all data elements provided in your DSAA.

NOTICE: Any and all attachments to this Application must include the name of the research project, the above-referenced date of request and the name of the PI.

Required Representations for Research on Decedent's Information, Last updated 8/01/12

TMA Privacy and Civil Liberties Office * 7700 Arlington Blvd., Suite 5101, Falls Church, VA 22042-5101
<http://www.tricare.mil/tma/privacy/>



III. Required Representations

As PI of the research project indicated on this form, I make the following assurances to the TMA Privacy Board: (initial each assurance and sign below)

_____ The use or disclosure sought is solely for research on the PHI of decedents.

_____ Documentation of death of each of the individuals whose information will be used for this project can and will be provided to the TMA Privacy Board immediately upon request.

_____ The PHI for which use or disclosure is sought is necessary for research purposes.

_____ I will provide the TMA Privacy Board with written notification if any of the responses to the above questions change.

_____ I understand that the TMA Privacy Board is NOT an Institutional Review Board and is not authorized to review and/or approve human subjects research regulated under the Common Rule.

_____ I understand that the above representations are binding upon and will inure to the benefit and obligation of the PI of the research project indicated on this form and his/her respective successors and/or assigns.

In accordance with DoD 8520.02, only Principal Investigators with a CAC card may provide an electronic signature as permitted on this template. For Principal Investigators who do not have a CAC card, please print the completed application, provide a handwritten signature, and scan the document so that it may be attached to an email for submission.

PI Signature

Date

PI Printed Name



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FOR TMA PRIVACY BOARD USE ONLY

Privacy Board Request #: _____

The Required Representations for Research on Decedent's Information are:

APPROVED **DENIED**

In accordance with DoD 8520.02, only TMA Privacy Board members with a CAC card may provide an electronic signature as permitted on this template. For board members who do not have a CAC card, please print the completed application, provide a handwritten signature, and scan the document so that it may be attached to an email for submission.

Signature of a Designated TMA Privacy Board Member

Date

Printed Name of Designated TMA Privacy Board Member