



FORM: Decedent Certification

This form is for a Researcher / Investigator to request permission to obtain protected health information (PHI) of decedents from a Trinity Health entity.

GENERAL STUDY INFORMATION

IRB PROJECT #:			
PROJECT TITLE:			
RESEARCHER / INVESTIGATOR:			
PHONE NUMBER:		EMAIL:	
ADDRESS:			

INVESTIGATOR'S REPRESENTATION

To Custodian of Patient Information: Federal privacy standards issued by the Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) permit Trinity Health to disclose deceased patients' health information to an Investigator for research purposes, provided that the following representations are obtained from the investigator (45 CFR 164.512(i)(1)(iii)).

1. Describe the nature and scope of the deceased patients' protected health information (PHI) to which access is sought. Clearly define the specific PHI required and how it will be used solely for the research.
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2. The Researcher / Investigator represents that:
 - a. Access to the requested information about the deceased patients is sought solely for the purpose(s) indicated above.
 - b. The requested patient information is necessary for the research purpose(s) indicated above.
 - c. Documentation of the death of such individual(s) will be provided upon request of the covered entity.

Click the following link for instructions on how to [Fill and sign a document](#)

SIGNATURE OF RESEARCHER / INVESTIGATOR	DATE OF SIGNATURE
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