

Office of Institutional Board of Research Associates
NYU School of Medicine

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H#: _____

INFORMATION ON CREATION OF A LIMITED DATA SET

Title of research study: _____

Investigator Name: _____ Date: _____

NYUSOM or other Affiliation: _____

Telephone number/email address: _____

A hospital or other health care provider may approve the use and disclosure of a limited data set for research purposes if the person who would use or receive the information has signed a Data Use Agreement through which the person agrees to protect the privacy of the information received.

A limited data set may be created by removing from the individual's Protected Health Information the following direct identifiers of the individual or of relatives, employers or household members of the individual. **Check every box, confirming that these identifiers will not be used in the project.**

- Names (individual, employer, relatives, etc.)
- Address other than town or city, state, and zip)
- Telephone numbers
- Fax numbers
- Social Security numbers
- E-mail addresses
- Medical record numbers
- Health Plan Beneficiary numbers
- Account numbers
- Certificate/license numbers
- Vehicle Identifiers and Serial numbers (e.g., VINs, License Plate numbers)
- Device Identifiers and Serial Numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Biometric Identifiers (e.g. finger or voice prints)
- Full face photographic images and any comparable images

NOTE: Limited data sets may also be used and disclosed for the health care provider's or the recipient's health care operations and for public health purposes, but requirements for the use and disclosure of a limited data set for these non-research purposes may be subject to other policies. Any questions concerning use and disclosure of a limited data set for research purposes should be directed to the NYU

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IRB Official Use Only

This Consent Document is approved for use by the New York University's Institutional Review Board (IRB). Only the IBRA-stamped approved form may be used.

Approved From: _____ **To:** _____
The study expiration date applies for this form

Template last revised: 12/19/2003
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IRB or his/her designee, and uses for non-research purposes to the NYU School of Medicine's Privacy Officer.

Describe the research project and the information that you wish to receive as part of a limited data set for this research project.

List all persons or categories of persons (e.g., members of my research staff) who will use this limited data set for the research purpose described above.

Researcher's Assurances

I assure the NYU IRB that the information that I obtain in the limited data set described above will be used only for the research purpose described above, and not re-used or further disclosed except as required by law or permitted by the NYU Data Use Agreement.

Signature of Investigator

Date

Research cannot be initiated prior to review and approval of the Data Use Agreement

Signature of Investigator

Date

The Office of the Institutional Board of Research Associates ("IBRA") has determined that this request for access to protected health information ("PHI") satisfies the requirements of the HIPAA Privacy Rule.

Signature of NYU IRB Chair

Date Approved

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