



**An adequate plan to destroy identifiers at the earliest opportunity consistent with conduct of the research (absent a health or research justification for retaining them or a legal requirement to do so). (If no identifiers will be recorded, answer “No identifiers, Not Applicable”).**

**The research could not practicably be conducted without the waiver or alteration. [why you can't get patients' authorization]**

**The research could not practicably be conducted without access to and use of the PHI. [how each of the specific items of information you will collect are related to the scientific purpose of your project]**

I certify that the PHI will not be reused or disclosed to (shared with) any other person or entity, except as required by law, for authorized oversight of the research study, or for other research for which the use or disclosure of the PHI would be permitted under the Privacy Rule.

---

Signature

---

Date

---

Printed Name